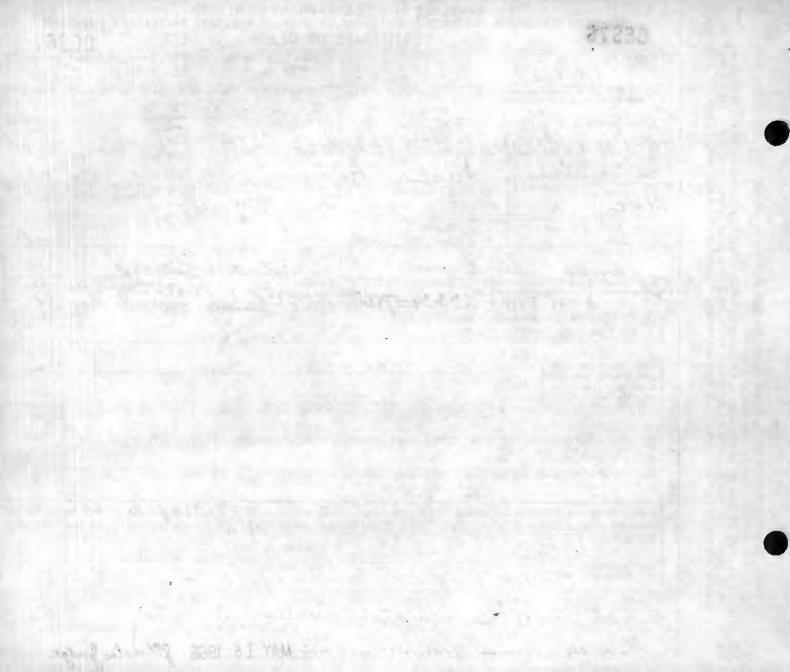
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH · HEALTH DEPT PLACE OF GEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLANO funeral b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b write RURAL and give nearest town) тау Abingdon the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE Rou ON A FARM? 3 to Page State NO X and 3. 3. First Middle Last DATE Month Oay Year DECEASED Addison Charles Z.2. (Type or print) DEATH after death. If a Give Pages 1, ong with form 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) LIFUNDER 1 YEAR HFUNDER 24 HRS 7. MARRIED NEVER MARRIED OATE OF BIRTH 9. Months Days Hours 1889 WIDOWED OIVORCEO T Jan. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INCUSTRY during most of working life, even if retired) COUNTRY? Ret. U.S.A. along 1 Sawmill-Gas Station. Laborer Maryland any ted within 24 hours aff in pencil in Item 18. (Examiner's Office along pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Theadore Addison File pand Unknown 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Address 16. SOCIAL SECURITY NO. 17. INFORMANT permit, removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's Examiner's Hannah E. Addison, Abingdon, Md. None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: burlal-transit cremation, or IMMEDIATE CAUSE (e) cremation, OUE TO Conditions, if eny, which (b) geve rise to immediate OUE TO ceuse (a), steting the the word "
the Chief I 62 underlying cause lest. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMEO? YES NO TO he certificate, writing t should be forwarded to De lo DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. E should 3 shou MEDICAL (County) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Not While designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K and in my opinion FUNERAL DIRECTOR: Health or its design Undetermined manner Suicide Homicide death resulted from: Natural causes Accident the CHIEF MEOICAL EXAMINER d. for your ACTUAL Page DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY MED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** of director. retained Address (Street, city, town, or county) NAME (Type) (State) BURIAL, CREMATION. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. REMOVAL (Specify) o 0 Md. 20 Bel Air Memorial Gardens Be Burial Mav 66 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PPPFesral Maryland Aberdeen. VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY completely filled in by the inverse carbon papers. Pages 1 event, within 72 hours after hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) de. OPAC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS 8. ON A FARM? NO X YES executed within NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED (Type or print) 6 DEATH 19 se Tomove 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 5. 8. AGE (In years) IF UNDER 1 YEAR 9. 7. MARRIED NEVER MARRIED last birthday) Months in any Davs Hours WIDOWED DIVORCED ! 10a. USUAL OCCUPATION (Give kind of work done) 12, CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & State, or foreign country) leace and ii during most of working life, even if retired) INDUSTRY COUNTRY? be 1 Dann The law requires that the death certificate 百 or removal, FATHER'S NAME MOTHER'S MAIDEN NAME antes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. has been signed by the attendar the burial-transit permit. prior to burial, cremation, or 1 (Yes, no, or unkown) (If yes give war or dates of service) 7-1946-8-1944 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last this certificate has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. detached for use e Dept. of Health PERFORMED? NO [YES the hospital 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH be detached State Dept. o (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State be retained by p.m. 19 at work at work 16. 19 66 that (I) (we) last 19 00 21. I certify that (I) (this hospital) attended the deceased from 66 00 saw the deceased alive on and that death occurred ata M, from the causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR Page 4 may 4 may PHYSICIAN'S 22d. ADDRESS 22C. NAME/(Type) (State) BURIAL, CREMATION. 23b. DATE THEREOI 23c. NAME OF **CEMETERY OR CREMATORY** 23d. LOCATION (City, town or county) REMOVAL (Specify) **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 4-64



1 &	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	A A N D
£ 80£	CERTIFICATE OF DEATH	18
after death. y the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY A R F C R D MARYLAND D. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	FORD
24 hours filted in by appers. Papers. Papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give/street address) d. STREET ADDRESS 120 Mauls By AVE 3. NAME DF First Middle Last 4. DATE Month Oa) DECEASED	e. IS RESIDENCE ON A FARM? YES ND X
exec remo	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 18. OATE OF BIRTH 9. ACE (In years left who this last birthday) Months Oays 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	OF WHAT
The law requires that the death certificate be execu or attending physician. cate has been signed by the attending physician and ruse as the burial-transit permit. Then please removealth prior to burial, cremation, or removal, and in any	MMEGIATE CAUSE (a) TENIO SCIENCE CONTROL	MD ERVAL BETWEEN SET AND DEATH
CLAN: ospital certifi hed fo t. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County)	WAS AUTOPSY PERFORMED? ES ND ND (State)
L OR ATTENOING by be retained by ORECTOR: After age 3 should be filed with the Stat		
TO HOSPITA Page 4 mg TO FUNERAL director, p should be 1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 5/12/1966 WILLIAM WITTERS COOPTOWN MARK 24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGN Charles E. Hunty Januallemille, Mal MAY 11 1966 Pulsarles June	(State) PYLIND NATURE

May 10 ATTETIOSCIESTE EV DISERSE The De Colmer Dank Toll The lower was the same of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06578 CERTIFICATE OF DEATH funeral and 2 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 Days Aberdeen PG, Md. Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kirk Army Hospital bon pap within 218 Edmund St. NO X completely in carbon p YES . executed within 3. NAME DE First Middle Last DATE Month Day DECEASED DEATH Regina Agnes Bahel 1966 (Type or print) May and cor 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED XX NEVER MARRIED last birthday) Months | Deys Female White 26 NOV 1884 WIDOWED DIVORCED EX81 yrs. nding physician a Then please Te removal, and in = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired)
Housewife INDUSTRY USA TRY? S S Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Then Charles B. Miller Leah J. Cloman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 214 Edmund St. this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) 217-54-7708 T Mrs. Margaret M. Hartig, Aberdeen. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH Unknown PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. STOR: After the should be defith the State Not While at work at work 1900 4 May 9 May 21. I certify that (1) Exist Rockitch attended the deceased from FUNERAL DIRECTOR: 9 May and that death occurred at 1220M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed w MED. DIRECTOR ATTENDING PHYS. STAFF PHYS. 9 May 1966 Page 4 may 1 PHYSICIAN'S 22d. ADDRESS NAME (Type) SHEAR FER Caro Kirk Army Hospital, Aberdeen PG, Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Harford Memorial Gardens, Aberdeen, Maryland 66 Burial May Tarringador Hereral Home | 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Aberdenn. Md. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY after ges l after the the AC MARYLAND Ar b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours write RURAL and give nearest town) P hours ,5 filled papers. d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE within 72 ON A FARM? YES ND [within etely pou NAME DE Middle Last 4. DATE Month Day DECEASED Elizabeth comple (Type or print) DEATH executed SEX 6. CDLDR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and c ast birthday) Months Days Hours 18 1884 June DIVORCED WIDOWED IX 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician pe during most of working life, even if retired) COUNTRY? Housewife Home Harford County. U.S.A. Md. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа attending primit. Then Lydia Fantom Jackson B. Flowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 9 (Yes, no. or unkown) | (If yes give war or dates of service) 21/1-12-406 Aberdeen. Md. cremation. John T. Baker. No the a been signed by the the burial-transit i or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). 3 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3 dec IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? NO TO YES [20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certif I be detached for State Dept, of F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) DIRECTOR: After age 3 should be do lied with the State factory, street, officebldg., etc.) Hour e.m. Not While ATTENDING p.m. 19 at work at work 19 6 oto 21. I certify that (I) (this hospital) attended the deceased from .30 saw the deceased alive on. 1966 and that death occurred at 1 M. from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED be og page filed MED. DIRECTOR STAFF PHYS. PHYS. FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) Churchville. Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 2 REMOVAL (Specify) Bel Air, Maryland 66 Mt Zion Cemetery June Tarringophessneral Home, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Aberdeen, Maryland VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY - STATE **b.** COUNTY Harford MARYLAND Maryland Harford b. CITY OR TOWN (il outs de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Aberdeen Proving Ground 13 Davs Darlington Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE papers. Pag in 72 hours ON A FARM? Kirk Army Hospital Box 106-B YES NO X NAMEOF Middla 4. DATE Year Month DECEASED OF (Typa or print) DEATH 1966 Edward 21 Tewis Rennett May and cor carbon t_s within 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED 23 May 06 Male physician 10a. USUAL OCCUPATION (Give kind of work еазе геттоуе 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Security Guard US Army New York, Corinth USA 14. MOTHER'S MAIDEN NAME affending Thomas 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) | (If yas give we ror dates of sarvice) 20 years service 058302890 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiate causa DUE TO (a), stating the undarlying causa last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS' CERTIFICATION PERFORMED? NO prior 208 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INLURY OCCURRED. (Enter nature of in mry in Part I or Part II of Jam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State fectory, street, office bldg., etc.) While Not While Hour a.m. al work at work p.m. DIRECTOR 21. I certify that (1) (this hospital) attended the deceased from1966...., and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 21. 22a SIGNATURE 22b. DATE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type KAH. APG. Md. 23a, (BURIAL,) CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Ö.₽₽ 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06972 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss a a COUNTY o STATE b (OJNTY 2, and 3 ta PM3. Page ď5 death. MARYLANO Department b. City OR TOWN (If outside corporate iimits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ofter e IS RESIDENCE NAME OF HOSPITAL OR NSTITUTION (If not in haspital, give street address) d STREET ADDRES form hours ON A FARM? Give Pages ate YES NO B after death along with f NAME OF 4 DATE Lost Month Doy Year DECEASED Ma within (Type or print) DEATH IF JNOER 24 HRS 5. SEX OATE OF BIRTH AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7 MARR FD NEVER MARRIEO last birthday) Manths Days Hours WIDOWED DIVORCED haurs event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Local 96 IN ONY Baltimore, Co. Laryland pages within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil R. Bond Walter Christine Bay and ø 盂 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. .7 INFORMANT Address be executed (Yes, no, or unknown) (If yes give wor or dotes of service) removal. "gn•bnaq 21.8-2798949 Irs Ethel Bond Harford Road Hyde. No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a) This certificate should Ward crematian, DUE TO Canditions, if any, which gave e, writing the v farwarded to the rise to immediate cause (o). DUE TO stating the underlying couse lost 8 burial, (WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? No please execute the certificate. YES ₽ 9 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port L of item 18.) agent, prior should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Your factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work at work designated 21. I-certify that I taak charge of the remains described above, held an Autapsy Inspection 🔼 Inquiry and in my apinian ło funeral director. death resulted fram-Natural causes X Accident Suicide . Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE: DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health Address (Street, city town, or county) NAME (Type) 230. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 5-21-1966 Air Memorial Cemetery Bel Air 25a REC'D BY REGISTRAR 25b _REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66

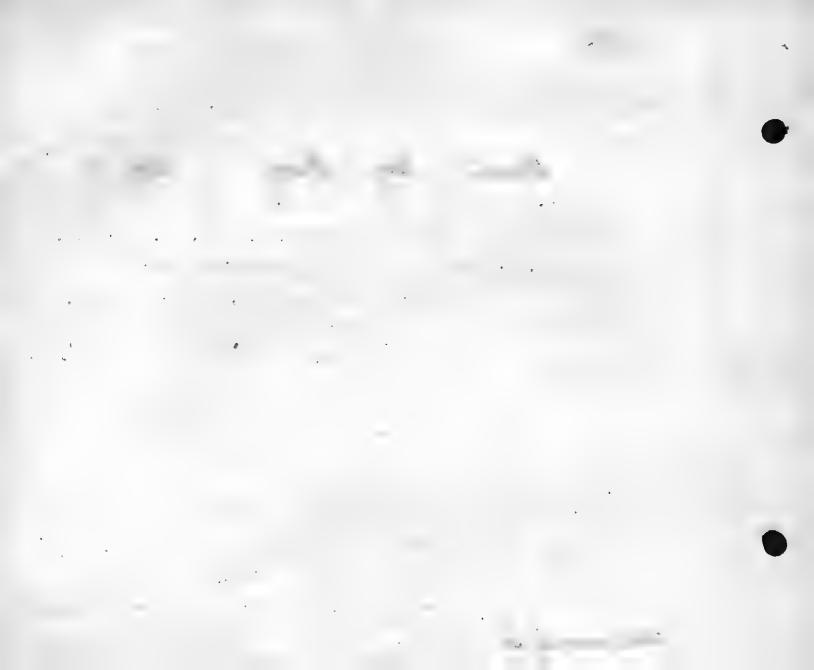


K	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	ΜΑΡΥΙ ΔΝΠ
	CERTIFICATE OF DEATH	6973
1	a. COUNTY	Residence before admission)
_	HARFORD MARYLAND IMRYLA'D	AntRD
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	L and give nearest town)
_	Aberdeen Proving Ground day Aberdeen Proving Ground d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	Kirk Army Hospital 2737 G Watervliet	ON A FARM?
3	DEPEASED	Day Year
E	(Type or print) Infant Male Burroughs DEATH May	31 1966
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OP BIRTH 9. AGE (In years IFUNDER Last birthday) Months WIDDWED DIVORCED 31 May 66	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10	28. USUAL OCCUPATION Give kind of work done: 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	CITIZEN OF WHAT
di	ring most of working life, even if retired) INDUSTRY N/A Hardford, Maryland	COUNTRY?
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
	Wardell Burroughs Thompson	
Ć	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (eg., no., or unkown) (If yes gire war or dates of service)	
=	No N/A Barbara Barroughs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1	INTERVAL DETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	7/6 X DUE TO	
	Conditions, If any, which \ (b)	
	gave rise to immediate cause (a), stating the DUE TO	
NO	underlying cause last.) (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
CATI	The state of the s	PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part or Part of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Coty or town)	ounty) (State)
ME		//
	21. I certify that (I) (this hospital) attended the deceased from 1703 311 ay 1966, to 1905 31 May 19 saw the deceased alive on 31 May 1966, and that death occurred at 1905 M, from the causes and on	the date stated above.
	22a. Stovature 2 2 22b.	DATE SIGNED
	Bradley 15 arms (asherm. D. PHYS. ATTENDING DIRECTOR PHYS 5/1	May 66
	22c. PHYS.CIAN'S NAME (Type) CHADLEY T BARNES Capt, NC. 22d. ADDRESS irk Army Hospital APG. Ma	
2:		ounty) (State)
	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or concerning to the control of the contr	ng Groun!
2	4. FUNERAL DIRECTOR 256 REGISTRAR 256 REGIST	R'S SIGNATURE
1	Cella Terma Very los Herrielle, My DAUN 6 1966 fictionle	es Judge



- ["	PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before admissi
	Harford Maryland Harford Harford
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town)
A	Aberdeen Proving Ground 1 Day Aberdeen /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDEN ON A FAR.
	irk Army Hospital 320 So. Philadelphia Avg. Blvd. YES No
•	NAME OF First ROX Middle Lest 4. DATE Month Dey Yeer OF
Ē	(Type or print) CATRON DEATH May 3 19 66 SEX COLOR OR RACE IT WARRY IN THIS WARRY IN THE WARRY IN T
-	last birthdey) Months Days Hours Min
10	Male Cau WIDOWED DIVORCED 3 May 66 yrs. 12 36
C	done during most of working life, evan if retired)
13	N/A N/A Aberdeen Proving Gr., Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1!	Danny H. CATRON Debbie KEESYMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
0	(Yes, no, or unkown) (Ifyasgivewerordatesofservice) N/A Father, same as 2 C & D
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Prematurity From birt
	7 '/', 'X' DUE TO
	Conditions, if any, which \ (b)
	geve rise to immediate cause (e), stating the underlying DUE TO
	causa (as). (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED. YES NO
CERTIT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
WELL.	Hour a.m. While No! While factory, street, office bldg., etc.)
ĺ	21. I certify that (I) (this hospital) attended the deceased from 3 May 1966, to 3 May 1966 that (I) (we)
	saw the deceased elive on 3 May 19.66., and that death occurred at 6:15PM rom the ceuses and on the date stated above
	22e SIGNATURE ATTENDING MED. STAFF SIGN
	Le CUNE TO STATE OF MAY 66
	22ct Physician's NAME (Type)
	NAME (Type)
	Aberdeen Proving Ground, Md.
2:	

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH 96975
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
after of the funders is after of after	Harrord Maryland Harford
rs after by the fi	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in l	Aberdeen (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. ISRESIDENCE
24 hours filled in by apers. Pagers. P	The state of the s
el de difficilità de la constantion de la consta	3. NAME OF A First Middle Last 4. DATE Month Day Year
death certificate be executed within 24 hours after re attending physician and completely filled in by the permit. Then please embye carbon papers. Pages 1 tion, or removal, and the permit within 72 hours after the pages 1.	(Type or print) DIOTICAL MOY LEWY DEATH MAY 13 1966
com we com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast birthday) Months Days Hours Min.
Sec.	Female Cau. WIDOWED 29 July 1889 76 yrs.
e de la	10a. USJAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) 10b. KINO OF BUSINESS OR LIL BIRTHPLACE (County & State, or fereign country) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
ate be hysicias please il, and il	Housewife Home Harford County, Md. U.S.A.
tific ng p hen nova	Robert F. Cullum Maggie May Homer
cer endii tt. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (() yes give war or dates of service)
eath emi	No 218-01-2310 LeRoy Cullum, Same as 2 C & D.
he d the d sit p matic	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
The law requires that the or attending physician. sate has been signed by the ruse as the burial-transit ealth prior to burial, creman.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
is the hysical signer in the control of the control	Conditions, If any, which) DUE TO DESPES Me little Oyr.
quire	gave rise to immediate
v responding	underlying cause last. (c)
e lave atte	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The The Termination of the second of the sec	YES NO Z 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Part I or Part II of Item 18.)
Spita Spita Serti	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
O HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 should be detached for use as the burial-transit permit. Then pleasy should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	
oy the rected that the rected	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Value
NDIN ned I	21 Learthy that (I) this has night attended the demand from 19 5 to 5 13 - 192 h, that (I) (we) last
TTE etair STOR Shou	saw the decreased alive on 12 - 1920, and that death occurred at 12 for from the causes and on the date stated above.
DR A Be r A W is d w is d w	ATTENDING TO MED. STAFF TO 15 - 13 66
rat may at page file	22c. PHYSICIAN'S NAME (Type) A P ROLLAND 22d. ADDRESS
ISPIN B 4 r NER. Ctor,	The state of the s
TO HC Page 10 FU directions	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F F	Burial 15 May 66 Wesleyan Chapel Cemetery, Aberdeen, Maryland 24. FUNERAL DIRECTOR Tarring APRESSORAL Home 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AL5 (4)	Helphor Western by Aberdeen, Maryland MAY 17 1966 Scharles Judge
20M 1/65	well uncomment in a not doors man grant the state of the



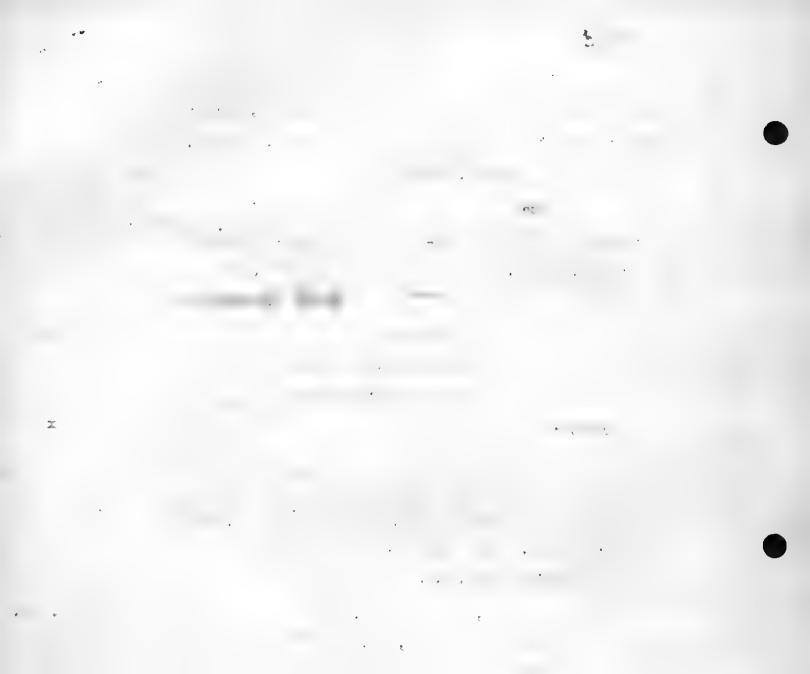
100	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
- (M	CERTIFICATE OF DEATH		
hours after death. d in by the funeral rs. Pages 1 and 2 bours after death.			
۲ کو ۱ کو	a. STATE () b. COUNTY		
afte the ges afte	D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
urs n by Pag ours	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) OF CS I		
hon hon sed in 2 ho.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Pour a #T Por 10		
attending physician and completely filled in by the firmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after	Hartord Memorial Doges (Trove YES NO		
executed within and completely remove carbon i any event, with	3. NAME OF PIrst Middle Last A. DATE Month Day Year		
d w mple carl	(Type or print) Nancie (VIGE Eller DEATH MI) At M. 14 1966		
ute 1 co ove y ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FDINDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.		
and and rem	WIDOWED DIVORCED Feb. 13, 1917 49 yrs.		
be Cran ase ase	during most of working life, even if retired) INDUSTRY		
a pole	13. FATHER'S NAME		
tiffe frem novy	Unknown		
Ser Landing	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.6. SOCIAL SECURITY NO. 1.17. INFORMANT. Address		
death certificate te attending physic permit. Then pleation, or removal, an	(Yes, no, or unknown) (If yes give war or dates of service) 216738-4274 Grant A. Eller, Forest Hill, Md.		
the de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH		
t the an. I by ti	PART I. DEATH WAS CAUSED BY: Wronic Chilles Helsompensalion		
tha Sici gnec al-ti	S' Y DUE TO POPULADO TO A LA .		
phy pur	gave rise to Immediate (b) (Ill / Millimatic from Clipeano		
requ ding beel the	cause (a), stating the } DUE TO		
tten tten has as	Underlying cause last.) (c)		
The law requires that or attending physician attending physician attended in the burial-tra ealth prior to burial, cr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED 7 YES NO 10 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
tifical for the formal	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
OR ATTENDING PHYSICIAM: The law requires that the retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, cre-	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GOVERNMENT OF THE CONTRIBUTION OF THE CON		
HYS he this letac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) While p.m. 19 at work at work		
NG P	Hour a.m. p.m. 19 While at work at work		
OR ATTENDIN DR ATTENDIN INECTOR: Aft e 3 should be ed with the St	21. I certify that (I) (this hospital) attended the deceased from franch ZO, 1900, to May 17, 1966, that (I) (we) last		
is the stair	saw the deceased alive on way 14 th, 19 ch, and that death occurred at 15 th, from the causes and on the date stated above.		
DR Post	ATTENDING MED. STAFF		
AL Dag	22c. PHYSICIAN'S NAME (Type) A PARCE ADDRESS 22d. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		
HOSPITAL age 4 may FUNERAL Irector, pa	NAME (Type) Edusat C. Loo, M.D. Herre de Crace, und.		
TO HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death c Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		
57 5 P.	Burial May 17, 1966 Belair Memorial Gardens Belair, Harrord Md.		
No are in Cal			
VR A15 (4) \ 15M 4-64	Howard K. McComas & Son, Abingdon, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06386 CERTIFICATE OF DEATH 06977 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY MARYIAND CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 16 guiside carporate limits, write RURAL and give negrest town vrite RURAL and a ve mearest town d filled in } IS RESIDENCE papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address d. STREET ADDRESS event, within 72 YES NAME OF Middle 4 BATE Day Year DECEASED DEATH (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR SEX 7 MARRIED NEVER MARRIED DATE Months birthday Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR BIRTHPLACE (County & State or fareign country) during most of warking the eyen if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal. attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN? (Yes, na, ar unknawn) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETW ONSET AND burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DHE TO Canditions, if any, which gave rise ta immediate cause (a), DHE TO stating the underlying cause has been as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached far use should be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased from フ. 19 6んthat (I) (we) last saw the deceased alive an MAY 27 1966, and that death accurred at 3 M, from causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S O HOSPITAL NAME (Type) REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DAJE THEREOF (County) (State) 25a REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25Ь FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



4	i z~	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06978
	funer and	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 mod	Harford Maryland Harford
3	in by the Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	hours ad in by Sirs. Page	Aberdeen Proving Ground 4 Days Edgewood, Maryland
	filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM?
	Z = g	Kirk Army Hospital 1340 E. Grant Ct. YES NO X
:	ted within 2 completely five carbon pa event, within	3. NAME OF First Middle Last 4. DATE Month Day Year
	f withii npletely carbon ent, wit	(Type or print) FINSTROM, Infant Male DEATH May 29 19 66
	executed w	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Pays Hours Min.
	EEE X	MALE White WIDOWED OIVORCED 25 Mars 1066 Wrs 4
	e be execu Siclamand (lease remov and Image	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY INDUSTRY INDUSTRY
	ysic ysic	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT HAPTOND MARY Land COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ficate physi en ple oval, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
:	ie death certificat the attending phy it permit. Then p nation, or removal,	FINSTROM, Carl G. JENSEN, Joanne
	h c ten or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
	leat e at on,	No Host Reads -
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physidetshed for use as the burial-transit permit. Then ple Bopt. of Health prior to burial, cremation, or removal, a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	res that the physician. signed by purial-transi burial, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Kernicterus 4 Days
-	ires tha physici n signer burial-tr burial,	770G OUE TO
	phy ires	Conditions, If any, which gave rise to immediate (b) Erythroblastosis fetalis
	ding p ding b been the bu	cause (a), stating the OUE TO
	The law requires that to or attending physician. Tate has been signed by use as the burial-transalth prior to burial, ore	underlying cause last.) (c) Hyaline membrane disease FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]
	ICIAN: The la lospital or att certificate hand for use and for use	PERFORMEU?
F	F. Head of the Head	Premature YES NO
	of deriting	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
3	MNG PHYSICIAN: d by the hospital After this certific 1 be detached for State Dept. of H	
		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4 Hour a.m. p.m. 19 at work at work at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	d by d After After 1 be c	
	L OR ATTENDING y be retained by DIRECTOR: Afte age 3 should be iled with the Sta	21. I certify that (I) (this hospital) attended the deceased from May 25, 1966, to May 29, 1966, that (I) (we) last
	CTO de	saw the deceased alive on May 29 19 66, and that death occurred at 10:10 from the causes and on the date stated above.
		ATTENDING MED. STAFF
	MAL C	220 PHYCICIANIC
	HOSPITAL age 4 may FUNERAL rector, ps iould be fi	NAME (Type) THOMAS FRAHER, M.D.
	TO KOSPITAL OR Page 4 may be TO FUNERAL DIRI director, page 5 should be filed 1	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	5- 5- 5- 12	Burial June L. Od Post Cemeterv Aberdeen froving Gd. Md.
		24. FUNDRAL OIRECTOR AODRESS 1 25a. REC'O BY REGISTRAR'S SIGNATURE
	VR A15 (4)	Loweth B Gora Aberdeen, Maryland MUN 3 1966 gollarles Judge



			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
	FOR STATEVI		66988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	96979
ŀ	EALTH DEPT.		PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Re O STATE MARYLAND	sidence before admission)
	r death If any delay is ve Pages 1, 2, and 3 ta g with farm PM3. Page the State Department of in 72 haurs after death.		b C TY OR TOWN (If outside corporate limits, c LENGTH OF STAY N 1b c C TY OR TOWN (If outside corporate limits with RURA, only write RURA) and give representations.	I give nearest fown)
	4 0	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	e S RESIDENCE ON A FARM?
	leath If a Pages 1, with farm with farm 72 haurs	3.	NAME OF First Middle Lost 4 DATE Month DECEASED C Month	YES NO Doy Year
	haurs after death I Item 18 Give Pages Office along with far and with the State	S.	(Type or print) 6 (O.OR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF-) lost brithday 1 Mon	NDER I YEAR FUNDER 24 HRS
	haurs Office of every		WIDOWED DIVORCED 100 LITTLE 31 VIS	2 CIT ZEN OF WHAT COUNTRY?
	hin 24 I nool in 19 niner's C pages in any o		FATHER S NAME 14 MOTHER S MAD DEN NAME 14 MOTHER S MAD DEN NAME	W.S.
	d within in pencil Examine File pag and in c	15	WAS DECEASED EVER IN . S ARMED FORCES? 16 SOCIAL SECURITY NO / INFORMANT	berger 16
	ate shauld be executed the ward "pending"; of to the Chief Medical a bunal-transit permit. cremation, ar remaval,	(1)	(1 yes g ve wor or do tes of serv ce) 170-26-8964 Phylis Fromille	vile
	thef North		(B) CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY MMED ATE CAUSE (o) MED ATE CAUSE (o)	ONSET AND DEATH
	shauld e ware 1 the (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Conditions, if ony, which gove (b) The to immediate couse (a), (b)	
	frate ing th rded to as a k as, cren		stoting the underlying couse DUE TO (c)	
	INER: This certificate shauld be executed within 24 haurs after death 1f to exertificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. Should be used as a burial-transit permit. File pages, and with the State Deint, prior to burial, cremation, ar remaval, and in an even within 72 haurs.	AT ON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO
	R: The ertification of the state of the prior of the prior of the prior of the state of the stat	CERTIFICAT	200 EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW IN.URY OCCURRED (Enter nature of njury in Port I of Item 18)	
	O DEPUTY MN. AL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shauld be fis may be retained for your files O FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, priar to	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour om 5 13 19 66 of work of at work of the distribution of the dist	(County) (State)
	EXAMIN execute the execute the sir. Page 4 sh of for your fill TOR: Page 3 shorted agent		21. I certify that I tack charge of the remains described above, held an Autapsy [], Inspect on [K], Inquiry [
	Me.c.A please ey I director. retained DIRECTO		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	Line W.
	UTY M Iny, ple leral di be ret RAL D ar its		ACTUAL SIGNATURE Levall Colone M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER S	22. DATE SIGNED
	O DEPUTY MIN. (O DEPUTY MIN. (A Decessary, please estime function.) 5 may be retained to EUNERAL DIRECTO Health ar its design.	230	NAME (Type) Address (Street, city, town, or county) ByRIAL, CREMATION, 23b DATE THEREOF, 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	01 # 5 01		FUNERAL DIRECTOR ADDRESS DE 290 REGISTRAR 2500 STREET	HALL MA
	VR ATSME (5)	ľ	1 WH TIN OF BONDON MYMAY 20 1966 House	rees judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH nèpu PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give gearest town) d. NAME OF HOSP LITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? State hours a NO E YES NAME DE 4. DATE Month Day DECEASED James Vade Last the 72 2 (Type or print) 19 2 with within AGE (in years | IF UNDER 1 YEAR | Months | Days 6. COLOR OR RACE DATE OF BIRTH 9 **HEUNDER 24 HRS** 7. MARRIED [Hours WIDOWED DIVORCED [7046 l and event EXAMINER: This certificate should be executed within 24 hours after designed certificate, writing the word "pending" in pencil in Item 18. Give Passhould be forwarded to the Chief Medical Examiner's Office along with 103. USBAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign/country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? -USA 13. FATHER'S NAME Paper Maryland pages I in any Operator Company MOTHER'S MAIDEN NAME George C. Gibson Fave Hawley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. F Mr. Geo. Giboon. Rising Sun. No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) a burial-fransit I DUE TO Conditions, if any, which (b). gave rise to immediate DUE TO cause (e), stating the rg. used as a to burial, underlying cause last. (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION YES 3 should be agent, prior i 204. EXTERNAL CAUSE WAS OF DOT CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of follow in Part 1 or Part 11 of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, ferm, factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Oay, Yeer (County) (State) 20d. INJURY OCCURRED Not While CTOR: Page at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection FUNERAL DIRECTOR: Accident S Homicide Undetermined manner Suicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OEPLITY MEDICAL EXAMINER EXAMINER'S please ey director. retained NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION DATE THEREOF 23c. 23d. REMOVAL (Specify) 0 Ebenezer Cemetery North East. 1056 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT PLACE OF DEATH USDAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE MARYI AND Department after death. b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) C. LENGTH OF STAY IN 1b the funer 5 may b Write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ON A FARM? State hours NO 2 YES NAME OF DATE Month Last Day Year DECEASEDO 12 P (Type or print) DEATH 2 with within AGE (In wars IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months | Days | Hours | Min. 5. SFX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED 9. NEVER MARRIED Oct. 6 WIDOWED 1946 DIVORCED 0 oud vent atong with 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 7 34 24 hours after Carpenter' Marviland S ARRA Contractor TT 36 pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Dawson S. Gilman Frances Poole 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) (If yes give war or dates of service) permit. removat, This certificate should be executed within D.Gilman.Perryville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 늄 burial-transit IMMEDIATE CAUSE (a) cremation, eles DUE TO Conditions, if any, which (b) gava rise to immediata DUE TO cause (a), steting the Chief 60 used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES F 20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Shor CONTRIBUTING CAUSE OF DEATH. 3 should bagent, price (State) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work et work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & Inquiry and in my opinion should DIRECTOR: Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER Your ব Page ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURE for 0 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) (State) = 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23c. 0 Buriak Principio Principio FUNERAL-DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 1 25b. VR ALSME (5) errvville, Md 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06391 CERTIFICATE OF DEATH 06982 The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond o. STATE a. COUNTY b. COUNTY id completely filled in by the full smove carbon popers. Pages 1 day event, within 72 haurs after **MARYLAND** b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c EITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) write RURAL and give nearest town? d. STREET ADDRESS (If not in haspital, give street address) YES 20 NAME OF First DATE Month Day Year DECEASED OF DEATH (Type or print) AGE (In veors TEUNDER TYFAR COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH ¥emove last birthdoy) Months Days Hours WIDOWED DIVORCED Jan. 4. 1894 puo 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a. USUA, OCC. PATION (Give kind of work done during most of working le, even if retired) COUNTRY? NDUSTRY
Public school Teacher ITSA 13. FATHER S NAM 14. MOTHER'S MAIDEN NAM tremation, or removal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** (Yes, no, or unknown) (If yes give war or dates of service) 212-16-0393 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe YES X NO I **DIRECTOR:** After this certificate PHYSICIAN: 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur om. factory, street, office bidg, etc.) of work . 1966, to 5-27, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 5 - 2 % 19 66, and that death accurred at 3 PM, fram causes and an the date stated above saw the deceased alive an 22o SIGNAPOR 22b. DATE SIGNED **ATTENDING** MED DIRECTOR director, poge 3 should be filed v M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL FUNERAL NAME (Type) Richard Hurku 230. BURIAL CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Air Bel Harford Md Burial 25h REGISTRAR'S SIGNAME 24. FUNERAL DIRECTOR VR A15 (4) Howard K. McComas & Son, Abingdon, Md. 21009

1 \	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
£ 70 E	1	CS992 CERTIFICATE OF DEATH	1983	
24 hours after death. filled in by the funeral papers. Pages 1 and 2 in 72 hours after death.	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. COUNTY b. COUNTY b. COUNTY	idence before admission)	
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PHY the this deta deta	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) (City or town)	ty) (State)	
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TENO aine OR: noulc		21. I certify that (I) (this hospital) attended the deceased from 1900 20, 1900 to 1000 5 11900 saw the deceased alive on 1000 5 11900, and that the the occurred at 1000 M, from the causes and on the	that (I) (we) last	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be discount to Health prior to burial, cremation, or removal, and in any event, within 72 hours.		1226. PHYSICIAN'S NAME (Type) Edward C. Loo, M.D. Haire de Grace	Mid.	
Page 4		a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town or count	ty) (State)	
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VR AI5 (4)	1	Lo. Broadway & williams 3/2	G. dad	
20M 1/65	=	Joseph William Foster Bel Air, Maryland 21014 MAY 6 1966 Charles	Jage .	
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11/		MARYLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
_ / \		€\$\$93 CERTIFICATE OF DEATH	6984
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ould ould		saw the deceased alive on	date stated above.
I the St		228. SIGNATURE Levalul & Palmo M.D. PHYS. DIRECTOR PHYS 220. PHYSICIAN'S ATTENDING MED. DIRECTOR PHYS 221. PHYSICIAN'S	SIGNED SIGNED
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	1	REMOVAL (Specify) 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, lown of county)	(State)
နှင့်မှီးရှိမှုရ	-	BULFIAL DIRECTOR'S SIGNATURE ADDRESS AND THE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) 3		mylitaristican Frate Bel Her Maryland 21014 DMAY 9 1966 galantes	Judge
	•	Foseph William Foster	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF GEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after Harford filled in by the MARYLAND Gedil b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Write RURAL and give nearest town) 72 hours Havre de Grace 30 Min.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rising Sun Rural physician and completely filled in please remove carbon papers. val, and in any event, within 72 h d. STREET AODRESS e. IS RESIDENCE ON A FARM? Harford Me moria Hosp. YES NO executed within 3. NAME OF Day First Middle Last DATE Month Year 4. DECEASED OF 1966 (Type or print) DEATH Mav Worth Franklin Greer 5. SEX 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNOFR 1 YEAR IF UNDER 24 HRS 8. last birthday) Months Hours Min. White Male WIDOWED DIVORCED Mav 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? U.S. Construction R. M. Willis removal, 13. FATHER'S NAME MOTHER'S MAJOEN NAME zie Florence Goss Elzie K. Greer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes. no. or unkown) (If yes give war or dates of service) that the death Mrs. Rising NO Worth Greer Sun. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH D FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transl should be filed with the State Dept. of Health prior to burial, crem PART I. OEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that ti be retained by the hospital or attending physician. IMMEDIATE CAUSE (a **OUE TO** Conditions. If any, which (b) gave rise to immediate **OUE TO** (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMEO? NO 3 YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 1966 to 1966. that (I) (we) last I certify that (I) (this hospital) attended the deceased from. 66, and that death occurred at 835 saw the deceased alive on M. from the causes and on the date stated above. DATE SIGNEO 22a. SIGNATURE 22b. ATTENDING PHYS. MEO. DIRECTOR STAFF 52 To Hoors Page 4 may 1 M.O. PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Neil Taylor BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 2 Holiest Church Yadkinviell Cem rial 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDR ESS 1966 VR A15 (4) Rising Sun. Md. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution a. COUNTY b. COUNTY o. STATE Harford Harford Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate amits, C LENGTH OF STAY IN 16 Rural-Darlington Rural- Darlington 86 vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? .⊆ signed by the attending physicion and completely filled burial-tronsit permit. Then please femove corbon pope burial, cremotion, or removal, and in any event, within 72 R.D.#2 R.D.#2 YES X NO 3 NAME OF First Lost 4 DATE Month Doy Year DECEASED ETTA 1966 WINIFRED HARKINS May 6 (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR AGE (n years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lest birthdoy) Doys Months Hours White June 28.1879 Female MIDOWED DIVOR CED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY Darlington, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Edwin H. Klair Sally B. Jones 16 SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? AMTIlicott City (Yes, no or unknown) (If yes give wor or dotes of service) Mrs. Charles Ceska, Jr. Maryland INTÉRVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (o) 4201 **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to 'D FUNITAL DIRECTOR: After this certificate has been WChr. arterio-sclerotic cardio-vascular disease last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ATTENDING PHYSICIAN: The CERTIFICATION NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour om Not While foctory, street, office bldg, etc.) of work ot work 1947 , to May 6 21. I certify that (1) (this haspital) attended the deceased from Dec. ., 19<u>.66</u> that (I) (we)clast Poge 4 may be retained , and that death occurred at 80 M, from couses and on the date stated above. saw the deceased alive on May 3 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS May 7,1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) Willard P. Hudson Forest Hill.Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burial (Specify) Darlington. May 9,1966 Darlington 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Ocharles VR A15 (4) 20 M 1/66 Delta.Penna. 1966

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1 7	Division of STATISTICAL RESEARCH AND RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 15 Film #G277 5/2/65 pc
FOR STATE	66398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 56987
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	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS e S RESIDENCE ON A FARM?
Aeath II Pages I, with form e State De 72 hours	Woods-near Joppa Md. 18 Dihedral Dr. YES NO
Page 172 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED
ive P g wi the	(Type or print) Thomas C. Hilderbrand DEATH 5 30 19 66
hauss after death tem 18. Give Pag Office alang with and 2 with the Sta event within 72 h	S SEX 6. COLOR OR RACE / MARRIED A NEVER MARRIED B DATE OF BIRTH 9 AGE (In years FUNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min
haurs Item 1 Office and 2	male white WIDOWED DIVORCED Sent. 29,1911 54 yrs WIDOWED 100 K NO OF BUSINESS OR 11 BIRTHPLACE (State, or foreign country) 12. CITIZEN OF WHAT
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il in 24 ner's ner's any	13 FATHER'S NAME
with.n pencil xaminei ile page	raceb John Hilderbrant FANNIE FAGAN
d wift in pe I Exar File and	IS. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 4/11 White Aug
execute ending f Medical f permit remaval,	(Yes no, of unknown) (If yes give wor of agrees of service) 214-10-2217 Mrs. The Level Hinder branch Balt, Ma
exe endi : Me	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH
shauld be e te ward "per o the Chief i burial-trans,† matian, ar re	PART I. DEATH WAS CAUSE (a) Carbon monoxide poisoning
vard vard he (he 1)	Conditions, if ony, which gove
she void of the burn mat	use to immediate course (a)
certif cate shauld writing the ward arwarded to the C used as a bunal-tr buriol, crematian,	stoting the underlying couse DUE TO (c)
rtifi rrittir vard vard rral,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s).
INER: This certificate shauld be executed within 24 haurs after death ille certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-trans, t permit file pages Lond 2 with the State Deint, prior to burial, cremation, ar remaval, and in any event within 72 hours.	E NO ST NO
R: TP Pertifica outd be auid be priar	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter poture of inuty in Port I or Port II of Item IB)
INER: T e certifice shauld b files. 3 shauld nt, priar	CAUSE OF DEATH. inhalation of exhaust fumes
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INLURY (Home, form 20f (City or town) (County) (State) Hoursexxx 5 30 1966 While Not While 1 Not While 2 Not While 2 Not While 3
L EXAM cecute the Page 4 for your IR: Page ated age	12:30 pm 3 30 1100 61 work 31 Woods Joppa Harrord Mo
AL EXA execute ir. Page if for yat TOR: Page	21 certify that I took charge of the remains described above, held on Autapsy, Inspection, Inquiry, and in my opinio
red ctar	death resulted from Natural causes [], Accident [], Suicide [x], Homicide [], Undetermined manner
DEPUTY MACKAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health or its designated age	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
ZAL SAL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER & 5/31/66
DEPUTY I	NAME (Type) Werner U. Spitz. M.D. Address (Street, city, town, or county)
O DEPUTY M necessary, ple the funeral d 5 may be ret O FUNERAL D Health or its	
1 2	230 BURIA, (REMAILON, 236 DATE THEREOF 23c NAME OF CEMETRY OR CREMATORY) 23d. (COUNTY) (Store) 23d. (County) (Store) 23d. (County) (Store) (County) (Coun
VR A15ME (S)	24. FUNBRAL OIRECTOR AOORESS AOORESS ASSOCIATION ASSOCIATION ASSOCIATION ASSOCIATION AND ASSOCIATION A
6M 1/66 (1)	topert & Hailer & Washington July DATE JUN 1 1966 PCharles Quest

MARYLAND STATE DEPARTMENT OF HEALTH



	1	- 1	Division of STATISTICAL	MARYLAND STATE DEI L RESEARCH AND RECORDS, 301		MORE, MARYLAND 21201
1	. 1	No.	06997	CERTIFICATE	OF DEATH	06088
A Property of the Parks	funerol funerol for deoth	RE .	o. COUNTY HACTORD	MARYLAND	o. STATE Md	sed lived, if institution Residence before admission) b COUNTY ACTO CO
	hours off n by the s. Poges hours of		b CITY OR TOWN (If outs de corporate I mits, write RURAL and give negrest town) OF CORPORATION (If not in 1 Mark Dy HOSPITAL OR INSTITUTION (If not in 1	c. LENGTH OF STAY IN 16 33 days	CCITY OR TOWN (If outside corpora	ote limits, write RURAL and give nearest town)
	ithin 24 ly filled in on poper within 72	11/2	Hartord Memoria NAME OF FIRSTS	AL HOSPITAL	Box 150	e is RESIDENCE ON A FARM? YES NO M
	executed within 24 hours ofter deoth nd completely filled in by the funeral emove corbon popers. Pages I and any event, within 72 hours after deoth		\ \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARRIED NEVER MARRIED DIVORCED DIVORCED	DATE OF BIRTH	AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Isothirthdoy) Months Doys Hours Min
	cote be ex		Oo USUAL OCCUPATION (Give kind of work done dur no most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or for the County & Management of the Mother's MAIDEN NAME	reign country) 12 CITIZEN OF WHAT
	th certification of the theorem		Abraham Hoffm	16. SOCIAL SECURITY NO 17. II	Andora Wi NFORMANT WITE X-2-23	ldason 75 Address
	he death cer s ottending p permit. The	-	(Yes, no, or unknown) (If yes give wor or dotes of serv	7220-01-0949 1176	S. Burnice B. Hoffma	INTERVAL BETWEEN
	equires that the physician. Signed by the buriol-transit buriol, cremains.		18 CAUSE OF DEATH (Enter on y one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	gastine cover	you	ONSET AND DEATH
	N: The lo or aften the hos bronger use os		PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			PERFORMED? YES NO 🔀
	YSICIAI nospitol certific ched fo pt. of Ho		OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED (20d INJURY OCCURRED 20e PLAC	Enter nature of injury in Port I or Pol	(County) (Stose)
	by the I tfter this be deta State De		20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of work	ory, street, office bldg , etc.)	
	ATTENI stained CTOR: A should ith the		saw the deceased alive an	Ay 26 1966, and that		A, from couses and on the date stated obove
	D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or attending D FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	,	22(PHYSICIANY NAME (Type) 3. J. Plum	KEH JO M.D.	22d ADDRESS	7 W. BELAR ritue, Alberdeen, Ind.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		230 BURIAL (REMATION, REMOVAL (Specify) May 31, 1	23c. NAME OF CEMETERY OR	CREMATORY 23d LO	OCATION (City or Town) (County) (State) Hir Harford Co, Mary Arch
	VR A15 (4) 20 M 1/66	B.	24. FUNERAL DIRECTOR	D. Broading & will have bell After Maryland Z	1014 DATE 3	966 254 REGISTRARY SIGNATURE
		*	Tocky William Fitter			

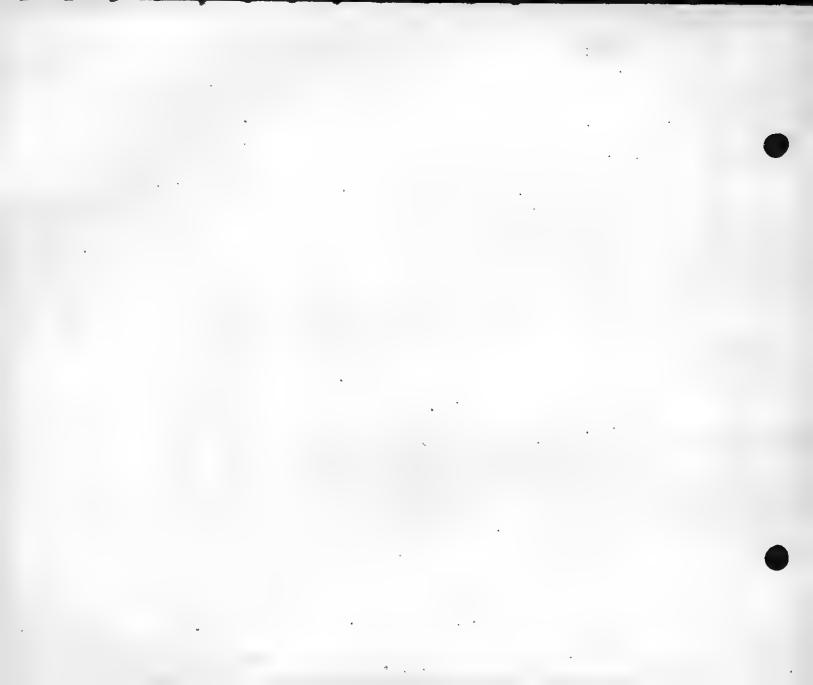


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerai nours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY after MARYLAND by the Pages (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR write RURAL and give nearest town) emove carbon papers. Pagany event, within 72 hours filled in (14) 12 d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? d. STREET ADDRESS YES ND X completely NAME OF DATE Month Middle Day Year DECEASED OF DEATH 1966 (Type or print) OR AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS гетоме 5. SEX 6. CDLDR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVDRCED [ettending physician a ermit. Then please re-on, or removal, and in a 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician Materia law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 105 ACTOSS T. 170. 16. SOCIAL SECURITY ND. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state back. (Yes, no, or unkown) (If yes give war or dates of service) KIEHARD ABERDEEN, MO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a DUE TD Conditions, if any, which Ca6 1 (b) gave rise to immediate **DUE TO** cause (a), stating underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20f. (City or town) 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED Hour a.m. Not While at work While OR ATTENDING be retained by p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 8 M. from the causes and on the date stated above. saw the deceased alive on 1966 22b. DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. E 428 86 6 10 M.D. DIRECTOR TO HOSPITAL C Page 4 may 1 22d. , ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, town or county) (State) CREMATORY 23c, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mo MARFOR REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR** REC'D BY REGISTRAR VR A15 (4) 15M 4-64



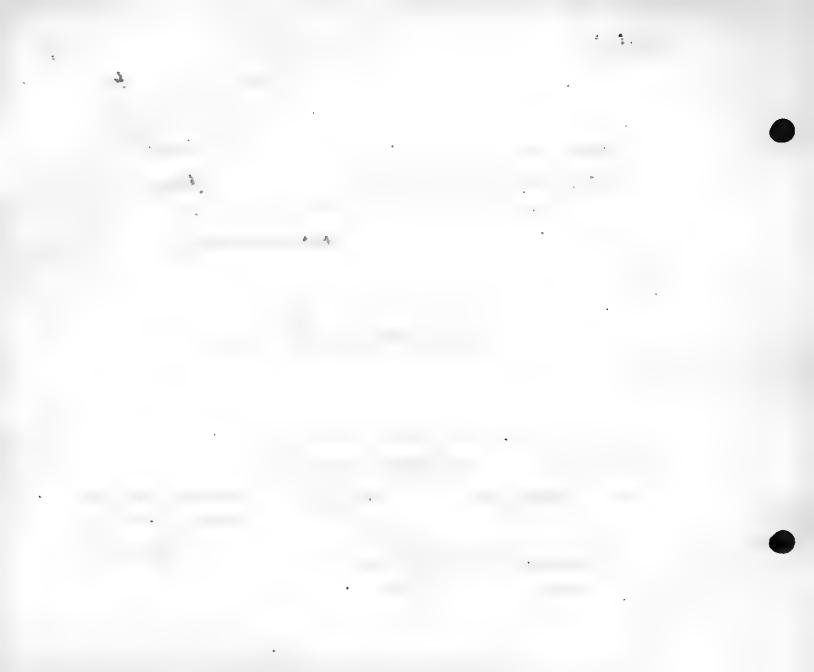
1(N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
# 27	
death.	1. PLACE OF DEATH a. COUNTY D. C
after the f	HARtord MARYLAND B. STATE Md b. COUNTY HARTORD
irs after death. Pages 1 and 2 urs after-death	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours after death d in by the funeral rs. Pages 1 and 2 thours after death	HAVE OR GRACE 2 days Rocks
hod is	d. NAME OF HOSPITAL OR UNSTITUTION (If not in hospital, give street address) d. STREET ADDRESS /) 6. IS RESIDENCE
icate be executed within 24 hours physician and completely filled in by mease remove carbon papers. Page and in any event, within 72 hours	Hartord Memorial Hospital Rt. 1 Box 180 VES NOTE
executed within and completely remove carbon in any event, with	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year
nple	(Type of print) DADI DOV ISENNOCK DEATH MINY 6 1966
cor uter	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
xect and any	IVIA 9 WIDOWED DIVORCED MAY 4, 1966
an ean	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and and	none none Harford Md. USA
Cat at	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
me m	Frederick B. Isennock Alberta L. Illoyd
ce t. tr	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md.
he death certificat y the attending phy sit permit. Then mation, or removal	no - none Fredrick B. Isennock, Rt. 1, Box 189, Rocks,
the the ation	
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then phease or to burial, cremation, or removal, and	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
that icia red red I, c.	IMMEDIATE CAUSE (a) PACTUATO VI VOLLECTO
ohys sign uria	Conditions, If any, which) DUE TO Respiratory air Lies semolione
aguir 18 F 18 F 19 b 10 b	gave rise to immediate
a diameter of the second secon	underlying cause last. (c) Primesteering
faw atte has e as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
or or us	PERFORMED? YES NO IT
Triffical Tri	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed b detached for use as the burial-trane e Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CONTRIBUTIONS
HYS le h beper Dep	
ate of the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) 20
OR ATTENDING be retained by JIRECTOR: After ge 3 should be	
the Court	21. I certify that (I) (this hospital) attended the deceased from 3 - 4 , 1966, to 5 - 6 , 1966, that (I) (we) last saw the deceased alive on 5 - 9 and that death occurred at 100M, from the causes and on the date stated above.
ATT retar	saw the deceased alive on 5 - 6 19 66, and that death occurred at A PM from the causes and on the date stated above.
DIRI Be ded v	ALD DINCELL ULD M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVIS.
PITAL 4 may ERAL DECOM, pag d be filed	22c. PHYSICIAN'S
HOSPITAL age 4 may FUNERAL Frector, pa	NAME (Type) Richard Norment, M.D. 602 S. Union Ave., Havre de Grace, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation,	23a, BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 2 P	REMOVAL (Specify)
0	Burial May 9, 1960 Betair Memorial Gardens Betair Harford Md 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAFURE
VR A15 (4)	Howard K. McComas & Son, Abingdon, Md. 21009 DATE MAY 10 1966 Charles Judge
20M 1/65	6-147074

BETTER BUSINESS FORMS, INC., BALTIMORE MO 21301



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06	991
HEALTH DEPT.	1 PLACE OF DEATH 0 COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before the country to	re admission)
2, and 3 to PM3. Page portment of	b CITY OR TOWN (foutside corporate limits, write RURAL and give nearest Jown) c LENGTH OF STAY IN 1b c. CTY OR TOWN (if outside corporate m is write RURAL and give nearest Jown)	st lown)
	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS	ON A FARM? YES NO
leoth Pages with fa e Stote 72 hou	3 NAME OF Frst Middle Lost 4. DATE Month Do	
fter d Give ong w ith the	DECEASED (Type or pnnt) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF B RTH 9 AGE (ID-MOTS FUNDER 1 YEAR	
24 hours ofter deoth in Item 18. Give Page r's Office olong with fast lond 2 with the Stating event within 72 hours	WIDOWED DIVORCED 47 last birthday) Months Doys 10a USUAL OCCUPATION (Give kind of work gade) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN (Hours Min
hin 24 hours nool in Item 1. niner's Office poges Lond 2. in any event	during man grownking life, everythelired INDUSTRY Itanado, Krace Williams	A
d within 24 hours ofter deoth I in pencil in Item 18. Give Pages Examiner's Office olong with far File pages Land 2 with the State and in any event within 72 hou	Joseph a Pennich Bedelia Hollahan	
This certif cate should be executed within 24 hours ofter death. If a reate, writing the ward "pending" in penal in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with farm 1 be used as a burial-transit permit. File pages land 2 with the State Dear to bur al, cremation, or remaval, and in any event within 72 hours.	15 (WAS DECEASED EVER IN U.S. ARMED FORCES? Wes, no or unknown) [(If yes give wor or dotes of service)] Wes, no or unknown) [(If yes give wor or dotes of service)] When yer are the service of the ser	fly of
frate should be exercteding the ward "pending" indeed to the Chief Medical as a burial-tronsit permit it, cremation, or remaval,		ILKVA. BETWEEN NSET AND DEATH
vard " vard " ne Chii al-tron ion, oi	9040 DUE TO	
This certificate should cate, writing the ward be forwarded to the Chibe used as a burial-train to burial, cremation,	Conditions, if ony, which gove (b) (b) storing the underlying cause (C).	
certifica orwarder used as bur al, c	lost (c) PART OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19	WAS ALTOPSY PERFORMED?
This certain on four to be us		AEZ NO S
Certification of the state of t	PRIMARY Dor CONTRIBUTING CAUSE OF DEATH.	15
AL EXAMINER: execute the certion. Poge 4 should file your files TOR: Page 3 shound protect ogent, pri	20c TIME OF N. RY Month, Doy, Year 20d IN. RY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) (County) Hours A 4 - 27 19 66 of work of wo	(State)
lectal EXA lector. Page irector. Page oined for you RECTOR: Pag designoted o		d in my opinion
MESTA pleose directo directo retoined DIRECT fs design	ACTUAL 97 DIC Palmes CHIEF MEDICAL EXAMINER BULANCE	22. DATE SIGNED
	SIGNATURE SCIENCE OF PAINT MEDICAL EXAMINER FRAME (Type) Geral of Paint of	1-66
TO DEPUTY necessory, the funero 5 may be O FUNERAL Health or r	230 (B_RIAL EREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OF GREMATORY 23d JOCATION (City or Town) (Count	y) Wistore)
VR AISME (5)	24 FUNERAL DIRECTOR ADDRESS ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNAL MAY 1 1 1966	JRE redal
4M 3766	Lenew X. Com Hours Miller Mill 1966 Calonday	.1

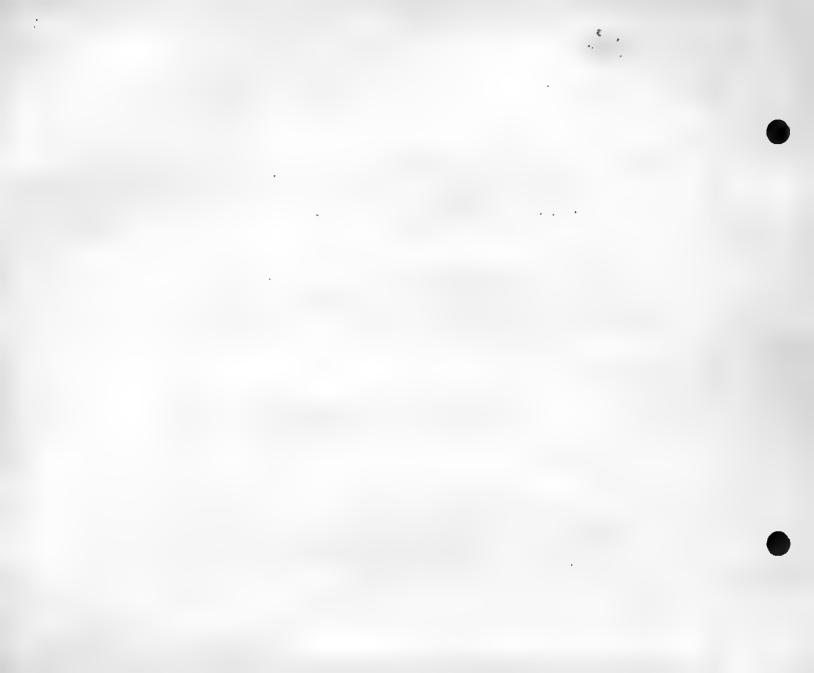
MARYLAND STATE DEPARTMENT OF HEALTH



11-	1 🕠		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AAID
#	£ =01	1	07001 CERTIFICATE OF DEATH	92
	24 hours after death. Filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1.	a COUNTY	before admission
	hours after and in by the first. Pages 1		HARTER C. MARYLAND B. STATE MARYLAN D. COUNTY HAR	FORX
	urs aft n by th Pages ours aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest rown) HAURE OF ORACE D. C. A. HAURE OE GRACE	a nearest town
	24 hour filled In papers. I		A Madde on Company	IS RESIDENCE
	/	_	HARFORD MemoRIAl Hosp, 614 Lewis ST.	ON A FARM?
	executed within 24 is and completely filled formation of the carbon papers of the carbon pape	3.	DECEASED TO THOUSE THE PROPERTY OF	Year
	rted Com even	5.	SEX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER LYEAR)	
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	ficate be en physician and and and and and and and and and a	11 13 14	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR LIL BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY: AR PENTE TO REMAN	F WHAT
	icate phys n ple val, a	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7
	ertifi ding The	_	WM. F. JARMAN MARY GOLGT	سو ھ
	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please to burial, cremation, or removal, and the control of	(Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT / 6/14 Address / 1-W/3 Yes, no, or unknown) (If yes give war or dates of service) 2/6-14-2080 HATEL S. JARMAN WAYRE DECEASED	551
	t per	=	THE TOTAL PROPERTY OF THE PERSON OF THE PERS	VAL BETWEEN
	at the ian. d by ransi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	T AND DEATH
	taw requires that the de attending physician, has been signed by the se as the burial-transit pe h prior to burial, cremation		Conditions, If any, which) DUE TO Inspection of Conditions of chains I	2,
	require plant plan		gave rise to immediate cause (a), stating the DUE TO	17
		2	underlying cause last. (c)	
	AN: The law requipital or attending strikes has been of for use as the of Health prior to	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
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	the hospi this cer this cer detached e Dept. o			
	NG by be stat	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pack of Injury) (County) 4	(State)
	ATTENDI retained CTOR: A Should vith the S		21. I certify that (I) (this hospital) attended the deceased from 19, to 19, that	t (!) (we) las
	retz retz 3 sh with		saw the deceased alive on 7144 // 1966, and that death occurred at 35 M, from the causes and on the date 228. SIGNATURE 22b. DATE SIGN	stated above
	AL OR hay be AL DIRE page 3		22c. PHYSICIAN'S ATTENDING MED. STAFF PHYS. STAFF 22d. ADDRESS	66
	TO HOSPITAL OR ATTENING Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) I DIJARD SISIMON Heave De race, &	1
	TO Far direction shows	23	BURIAL (Specify) My 14,1966 ANGEL-HILL CEM HAVRE DEGRACE	(State) MD
	VR AI5 (4)	24	4. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL OF MAY 17 1966 Clearles June 196	TURE de
	20M 1/65	1_1		<i>y</i>



M.	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4		CENTIFICATE OF BEATH
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	rent The The	DACOB HENRY 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
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	equires that the death certifice physician. signed by the attending phys burial-transit permit. Then plburial, crematian, or remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
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	PHYSICIAN: The law re the haspital ar attending this certificate has been detached for use as the Bept. af Health prior ta	206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, cre-	2Dt. TIME OF INJURY Month, Doy, Year Hour o m. pm. 19 2Dd. INJURY OCCURRED Value of twork of twork of work o
	DIN by Staff	21. I certify that (I) (this hospital) attended the deceased from 5-21, 1965 to 5-24, 1965 that (I) (we) to
	DR: DR: The	sow the deceased olive an 5-34 1966, and that death occurred of 3, M, from causes and on the date stated above
	Mith With	220. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. PHYS. DIRECTOR P
	Dige Dige	227, PHYSICIAN'S 22d ADDRESS
	PITA mg SRAL	NAME (Type) George T. Stansbury 569 Revolution St. House de Grace, Md.
	O HOSPITAL OR ATTENDING Page 4 may be retained by 1 O FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State	230. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIAL MAY 26, 1966 SLATE RIDGE DELTA, PA
	VR A15 (4)	2) FUNERAL DIRECTOR ADDRESS 250 RECID BY REGISTRAR 250 REGISTRAR'S SIGNATURE DAMAY 2 5 1966 Charles Judges
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06994
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ted within completely ve carbon event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF DEATH 5 19 66 5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS.
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ath ce attend rmit. n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOSTAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) None M. Ellen Capped Chen deep of the control of the con
of the de ian. d by the ransit pe cremation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNSET AND DEATH
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ATTEND retainsc ECTOR: / 3 should with the	21. I certify that (I) (this hospital) attended the deceased from 9/15, 1960, to 5/19, 1966, that (I) (we) last saw the deceased alive on 5/17 1966, and that death occurred at 300 M, from the causes and on the date stated above. 222. SIGNATURE 222. DATE SIGNED
	Deorge J. Stansbury, M.B. ATTENDING D MED. STAFF 5/21/66 22c. PHYSICIAN'S NAME (Type) George T. Stansbury 569 Revolution St. Harred Grace, Md.
TO HOSPITAL Page 4 may TO FUNRAL idirector, pag should be fill	232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 5-21-66 Union Methodist Cem. aterdien, 2tarfoil Co. Md.
VR A15 (4) 20M 1/65	27. FUNERAL BIRECTOR ADDRESS 55 Get evri 14 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE C'tellis Jo Bullock, Havre de França Mel. DNAY 23 1966 Policyles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, death. PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after ttending physician and completely filled in by the f nit. Then please remove carbon papers. Pages 1 or removal, and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours cace C CC d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X more auted within 3. NAME DE First DATE Middle Lasi Month DECEASEO (Type or print) DEATH Œ. ngewisc er INE nriel 19 5. SEX 6. COLOR OR RACE DATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. 7. MARRIED GARVER MARRIED ast birthday) Months Days Hours 1887 Oct. WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? Housewife Home 13. FATHER'S NAME MOTHER'S MAIDEN NAME has been signed by the attending p as the burial-transit permit. Then prior to burial, cremation, or remova Louis Lang Elizabeth Peters 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. af (Yes, no, or unkown) (If yes give war or dates of service) No Vivian Langewisch. same# as 18. CAUSE OF OEATH [Enter only one cause per lige for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 100 or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? r this certificate hadetached for use of the Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO Bospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While director, page 3 should be should be should be filed with the State be retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATUR ATTENDING PHYS PHYS. M.D. DIRECTOR Pag■ 4 may PHYSICIAN 22d. NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. 23d. REMOVAL (Specify) Removal The Evergeens Cemetery Brooklyn. New York 66 May REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. Tarring APRESSeral Home 1966 VR A15 (4) Aberdeen, Maryland 15M 4-64



4 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
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TENT DR: DOUG T the	21. I certify that (I) (this hospital) attended the deceased from 5/18, 1966 to 5/23, 1966, saw the deceased alive on 5-23, 1966, and that death occurred at 2:3 M, from the causes and on the deceased from 5/18 to 5/23, 1966,	ate stated above.
A AT AT 3 SI With	22a. SIGNATURE () 22b. DATE (SIGNED
ay be by DIRI	Plonge J. Statesbury, M.D. PHYS. LY DIRECTOR PHYS. LY 5/2.	3 66
SPITA 4 mi for, d	22c. PHYSICIAN'S NAME (Type) Grear 6 = T. Stansbury 569 Revolution St. Hourede Grace	Md.
PASPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permits should be filled with the State Dept. of Health prior to burial, cremation, or	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
5 5 %	REMOVAL (Specify) May 26, 1966 Spesutia Cemetery Perryman, Harford C	O., Md.
VR A15 (4)	HAV OF 1000 Miles de O.	del
15M 4-64	Howard K. McComas & Son, Abingdon, Md.	-



10	Division of STATISTICAL RE	MARYLAND STATE DEPARTMENT OF HEALTH ESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
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77 nin 72	LARTOR MEMORITAL OR INSTITUTION (If not in haspit	Hospital Box 65	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\sqrt{\sq}}}}}}}}}} \simptintitexet{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signtarighta}}}} \sqrt{\sq}}}}}}}}\signtarighta}}}}} \sqrt{\sqrt{\sqrt{\sqrt
, A. C.	3 NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 2 MARR	DOY MATTIN DEAT	H A 24 19 66 9. AGE (In years VIFUNDER 1 YEAR IF UNDER 24 HRS.
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State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hauss after deali	IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) [ast. (c)	Francis respirating Euro	ficiency INTERVAL BETWEEN ONSET AND DEATH Wistels
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	Hour a.m. W. p.m. 19 at	Od INJURY OCCURRED While Not While at work 200 PLACE OF INJURY (Home, form, factory, street, affice bldg, etc.)	
	saw the deceased alive an 5 -		to <u>E-24</u> , 19 <u>66</u> that (1) (we) las M, from couses and an the date stated above
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La /	NAME (Type) H/ONSO/	- 60 mez 419 5.	Morion Elve. Have kinge
od blu	220 RUDIAL CREMATION 225 DATE THEREOE	23c NAME OF CEMETERY OF CHEMATORY 224	IOCATION (City or Town) (County) (State)
shauld be fited with the	230 BURIAL, CREMATION, 23b DATE THEREOF		LOCATION (City or Town) (County) (State) They then for do, Manyland (STERR 1256, REGISTRARS SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Harford hours after Harford MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b à (Rural) Aberdeen Rural Aberdeen .⊑ bon papers. within 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled Box 145 Route Box YES X ND The law requires that the death certificate be executed within completely carbon NAME OF DECEASED DATE Month Day Year Last First Middie CHARLES N. MCCOMMONS 66 DEATH May 19 (Type or print) AGE (In years | IFUNDER I YEAR | IFUNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED DATE OF BIRTH SEX last birthday) Months 1875 30 April Cau. Male WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Ret pleas Harford County. Md. Drawhridge Tender Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. Caroline Ward Joseph T. McCommons 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) -07-5662 Aberdeen. Rose McCommons. Md. No INTERVAL BETWEEN CAUSE DF DEATH | Enter only one cause per fine for (a), (b). PART I, DEATH WAS CAUSED BY: aftending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO (a), stating the for use as the Health prior t underlying cause last. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) WAS AUTOPSY CERTIFICATION PERFORMED? certificate 90 YES T NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for MEDICAL (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m pino 21. I callify that (I) (this hospital) attended the deceased from the DIRECTOR: Jage 3 should led with the and that death occurred at 9:56, fabrilitie causes and on the date stated above. eceased alive on. saw the 22b. DATE SIGNED 22a. SIGNATUL ATTENDING PHYS. STAFF filed DIRECTOR PHYS. TO FUNERAL I director, pag should be file O HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Aberdeen. Maryland Peter 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THERED! Perryman. Maryland Spesutia Cometery 66 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** Appresieral Home Aberdeen. Maryland VR A15 (4) 20M 1/65



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH funeral after USUAL RESIDENCE Where decessed lived, Il institution Residence before admission b. COUNTY by the and 2 death. RAOWN (if outside corporate limits, RURAL and give nearest (swn) Mnits, write RURAL and give neerest town) è hours after Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) . IS RESIDENCE ON A FARM? NO K papers. n 72 ho completely 3. NAME OF DATE Yeer DECEASED DEATH please remove techon and in any pount, withi AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. attending physician and Jest birthdey) Months WIDOWED [certificate 10b. KIND OF BUSINESS OR INDUSTRY, 12. CITIZEN OF WHAT COUNTRY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. removal (Yas, no, or unkown) | (Ifyes give wer or detes of service) the permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which geve rise lo immadiete ceuse DUE TO the bur burial, (a), sleking the underlying couse lest. the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? YES 🗍 NO 950 prior 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) for Health HE EITHER, NOTIFY MEDICAL EXAMINER detached MEDICAL 20s. PLACE OF INJURY (Home, ferm, ! 20c. TIME OF INJURY 20d. INJURY OCCURRED 20[. (City or town) (County) Month, Dey, Yeer (State) fectory, street, office bldg., etc.) While Not While Hour a.m. ਰ el work et work DIRECTOR: 3 should be del p.m. Dept. .. M, from the causes and on the date stated above ...19.60. saw the deceased alive ... and that death occurred at may 22a. SIGNATURE 22b. DATE MED SIGNED ATTENDING. STAFF DIRECTOR PHYS. PHYS. director, page the filed with the HOSPITAL FUNERAL death. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY (Stele) 25b. REGISTRAR'S VR A1S [4]

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #11,12,13,14 & FOR STATE PLACE OF DEATH HEALTH DEP USUAL RESIDENCE (Whase deceased lived, finistitution Residence before admission) o COUNTY o STATE b COUNTY Page 0 ₽ death. MARYLAND delay 3 Department b CITY OR TOWN (if outside corporate im to c LENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate limits, write RLRAL and give negrest town) puo P.M3 after e IS RES DENCI d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours ON A FARM? Pages YES 🔲 NO ate 3 NAME OF DATE Day Year. Š within 72 DECEASED the DEATH (Type or print) alang withi S SEX 6 COLOR OR RAC DATE OF BIRTH AGE (In veters IF UNDER 24 MRS NEVER MARRIED last buthday) Months Doys Hours WIDOWED DIVORCED Office (event and 10o USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Rising Sun. Md. VAD Chief Medical Examiner's 13. FATHER'S NAME be executed within 14 MOTHER'S MAIDEN NAME Ξ Joseph McMullen Mary Alexander 표 and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit (Yes, no, or unknown) (If yes a ve wor or dates of service) remayal INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART . DEATH WAS CAUSED BY ONSET AND DEATH bunal, cremation, ar IMMEDIATE CAUSE (o) This certificate shall d writing the ward DUE TO Conditions, if any, which gove : rise to immediate couse (o), p DUE TO stating the underlying couse forwarded lost WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO the certificate, 0 200 EXTERNAL CAUSE WAS 70b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port Lor Port II of item 8) its designated agent, prior PRIMARY SOF CONTRIBLTING should MEDICAL EXAMINER: CAUSE OF DEATH NJURY OCCURRED 20e PLACE OF INJURY (Mome, form, 20c T ME OF INJURY Month, Day Year (City or town) (Stote) foctogy, street, office b dg , etc) While Not While FUNERAL DIRECTOR: Page please execute at work 21 I certify that I took charge of the remains described above, held an Autopsy (Inspection ond in my opinion Accident X Suicide the funeral directar. death resulted fram: Naturol causes Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER SIGNATURE TO DEPUTY Ь DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health Address (Street, city, fown, or county) NAME (Type BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 0 REMOYAL (Specify) Brookview Rising Sun. 250 RECD BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME 6M 1/66

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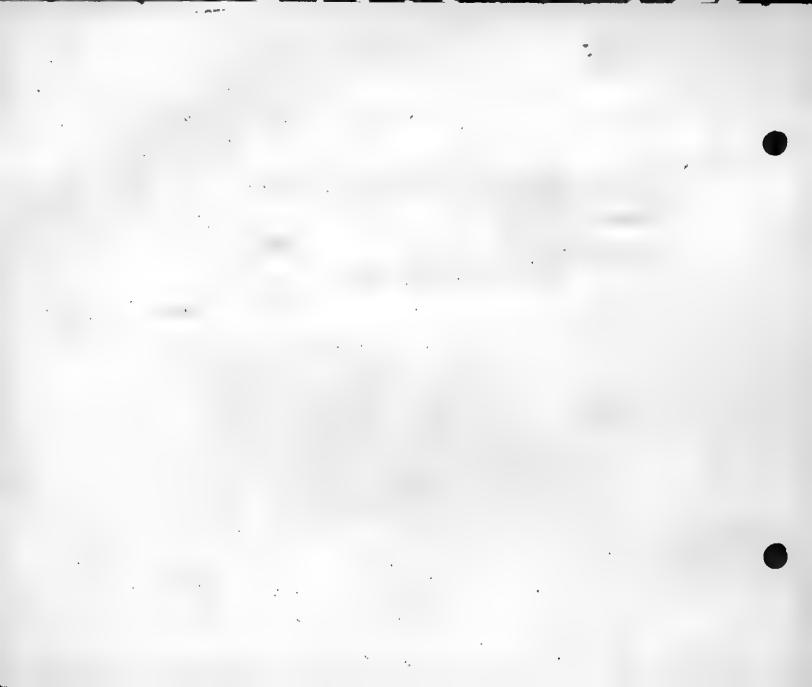
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, funeral PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a by write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Forest Hill d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Jarrettsville Road Jarrettsville Road NO X The law requires that the death certificate be executed within completely -pou DATE DF DEATH NAME DE First Middle Year DECEASED (Type or print) Elsie Mav Nagle 19 66 e lengove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED T NEVER MARRIED 8. last birthday) | Months | Days Hours Female White WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please val. and COUNTRY? Home U.S.A Housewife Baltimore County. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph irmit. Then гетпоуа Joseph Howard Shultz Sally Ann Cox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, cremation, or a (Yes. no. or unkown) (If yes give war or dates of service) 218-01-11 Nο Willard S. Nagle Forest the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Page 4 may be retained by the hospital or attending physician. Coronary Thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the brould be filed with the State Dept. of Health prior to b gave rise to immediate **DUE TO** cause (a), stating the Chr. arterio-sclerotic C.V.D. with decompensation underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? NO-F YES [202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from June 19 36 to May 5. 19. 1966 that (I) (we)clast .19.66 and that death occurred at 2:00M, from the causes and on the date stated above. saw the deceased alive on May 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S NAME (Type) ADDRESS 22C. director, p Willard Hudson, Forest Hill. Md BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23a. 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 ria Forest Centre MAY 6 1966 24. FUNERAL DIRECTOR ADDRESS VR ALS 20M 1/65



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1 2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07013 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o STATE b. COUNTY 70 Harford MARYLAND Cecil Deportment b CITY OR TOWN (If autside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (f guts de carporate limits, write RURAL and give nearest town) write RJRAL and give nearest tawn) D.O.A. Coo H Aberdeen Proving Ground d. NAME OF HOSP, TAL OR ASSITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? with the State Dep within 72 haurs o Office along with farm Item 18. Give Pages 1, Kirk Army Hospital R.D. 1 NO IX YES 🗀 3 NAME OF First Middle Lost DATE Day Year DECEASED Horace H. Petres May 66 (Type as print) DEATH S SEX IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years ast birthday) Manths Davs WIDOWED White D VORCED Male May 31, 1910 This certificate should be executed within 24 hours 10g. USUAL OCCUPATION (Give kind of work done TOU KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of warking life, even if retired) COUNTRYS UNSSTRY Govt. North Carolina Explosive Operator ni libuad CILV 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mose L. Petrea Florence Furr Address R.D. East North East INTERV Carenner S. Petrea IS WAS DECEASED EVER IN J.S ARMED FORCES? 16. SOC AL SECURITY NO (Yes, no, ar unknawn) (If yes give war ar dates at service) ar remayal, 238-20-5833 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVA. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage due to severance left carotid and writing the ward burial, crematian, DUE TO subclavian arteries. Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause D PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate, NO T 0 20a EXTERNAL CAUSE WAS PRIMAR Or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) KAL EXAMINER: Shell fragment struck him CAUSE OF DEATH TIME OF INTERY Month, Day, Year Hour day. 20d IN.JRY OCCURRED 20e PLACE OF NJURY (Mame, form, (City or town) (Caunty) factory, street, office blda, etc 1 Not While DIRECTOR: Page at wark at wark APG Ma. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 🕱 and in my opinion jo deoth resulted from: Undetermined manner Notural causes Accident * Suicide Homicide CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5-4-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health Gerald C. Pallmer M.D. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION 23h DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 5/7/66 Cypress Creek Baptist Garland, North Carolina 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Box 22 North East, Md. Grant Funeral DMAY VR A15ME (5) 1966 6M 1766



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	SAI WND
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Pag TO FU dire shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial May 11 1066 John Wesley Cemetery Abingdon, Harford	
A15 (4)	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
1/65	Howard K. McComas & Son, Abingdon, Md. 21099 DATE 13 1906 Charles	MIL.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07015 CERTIFICATE OF DEATH 97006 The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o STATE a. COUNTY b COUNTY MARYLAND ease remove carban papers Pages A and in any event, within 72 haurs after Pages CITY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and dive nearest town) OCACE AUCE Qe. e IS RESIDENCE ON A FARM? .⊑ d-STREET ADDRESS d NAME-OF HOSPITAL OR INSTITUTION (If not in hospital, give street address). completely filled YES NO K DATE Month Doy NAME OF Middle Last Year DECEASED (Type or print) DEATH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost parthdoy) Months Doys July 20, 1885 DIVORCED WIDOWED ' 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) TDo. USUAL OCCUPATION (Give kind of work done domestic COLNIRY? during most of working te, even if retired)
Housework Smith Co., Va. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Pete Lawrence Unknown 16 SOCIAL SECURITY NO 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Lee Suda, Box 73. Joppa. Md. TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY Acute Cardiac Failure IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO F this certificate OR ATTENDING PHYSICIAN: 20o, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour om. Not While FUNERAL DIRECTOR: After 21 I certify that (I) (this hospital) attended the deceased fram MAY 25, 1966, to MAY 25, 1966 that (I) (we) los saw the deceased alive an MAY 25 1966, and that death accurred at 6 A M, fram courses and on the date stated above saw the deceased alive on MAU 25 22b. DATE SIGNED 22n SIGNATURE ATTENDING PHYS. MED 5/25/66 M.D 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 569 Revolution St. Haure de Grace, Md 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Abinodon Harford Cokesbury Memorial 9 Cemetery 2Sb REGISTRAR S SIGNATURE 250, REC'D BY REGISTRAR Milarly Judge VR A15 (4) 20 M 1/66 Howard K. McComas & Son, Abingdon, Md. 21009



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY after Harford Harford Maryland Harford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Aberdeen Aberdeen e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 101 N. Philadelphia Blvd. 101 M. Philadelphia Blvd NO X YES [carbon 3. NAME OF DATE Month Year First Middle Last DECEASED OF DEATH RILEY 66 May (Type or print) 19 WILMER AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 7. MARRIED TV NEVER MARRIED remove last birthday) | Months | Davs in any (and Male WIDOWED DIVORCED 6 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) U.S.A. Newark. Delaware Laundry Operator Laundry ᆸ MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phormit. Then Thomas P. Riley Lillian Agnes Shellender 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 5 (Yes. no. or unkown) (If yes give war or dates of service) Aberdeen. Md. Dorothy G. Riley. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS Conditions, if any, which gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health 1 PERFORMED? NO TO 20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from 19 (and that death occurred at 25 AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. 0 FUNERAL 22c. PHYSICIAN'S ADDRESS director, p should be 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 66 Port Hopewell Cemetery Deposit. Burial Mav Hoffe REC'D BY REGISTRAR Funeral FUNERAL DIRECTOR Aberdeen. Md. VR A15 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 physician. signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral human papers. Pages 1 and 2 human transit permit. Then please remave carbon papers. 07017 CERTIFICATE OF DEATH 07008 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND b CITY OR IOWN (If outside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporote timits, write RURAL and give nearest town) write RURAL and give nearest town)
Cardiff Vrs. Cardiff d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS Chestnut Street Chestnut YES NO TO NAME OF First Middle 4. DATE last Year DECEASED Arthur Type or print Robinson 1966 DEATH May S. SEX 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED pirthday) Manths Days Haurs 26.1893 Male White March WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Merchant IND.,STRY COUNTRY? Supplies USA Mill Green . Harford Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Marcellena Scarborough
Address Joseph M. Robinson INFORMANT WAS DECEASED EVER IN ... 5 ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-34-3060 Mrs. Ethel S. Robinson, Cardiff INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. 4001 DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar tak this certificate has been lost. for use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION of Health NO 0 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After nt work -21. I certify that (1) (this hospital) attended the deceased from 19<u>41</u>, to. →195年 , that (I) (we) last shauld 2 \$ 1906, and that death occurred at 4p M, from causes and on the date stated obaye saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF May 30.1966 M.D. DIRECTOR PHYS PHYS directar, page should be filed filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Josiah Delta, Penna. Hunt M.D. 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Delta Slateville Cemetery York 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Delta. Pa.



- 1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
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hours after death. d in by the funeral rs. Pages 1 and 2 hours after death	DEACE OF DEATH a. COUNTY A. COUNTY A. COUNTY A. COUNTY A. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE MARYLAND		
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hours d in S rs. F	d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET, ADDRESS O. IS RESIDENCE		
filler paper him 72	MURICRA LIE MUNIAL HOSPITAL BAYEL VILLA CIPIS VES NOTE		
ted within 24 hours after completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after	NAME OF DECEASED (Type or print) Marguirile Ricital ninthe Land. 4. DATE Month Day Year (Type or print) Marguirile Ricital ninthe Land. DEATH 5 1916		
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon peatth prior to burial, cremation, or removal, and in any event, with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 896 1. AGE (In years) IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. WIDDWED DIVORCED Vyrs.		
re be exwicing	Oz. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT (Willing most of working life, even if retired) 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT (WILLIAM TO THE WHAT		
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at the death crision.	(Ves noth sokown) (1fyes tire war or dates of service) 218-32-827 Wallace M. Kolland, Havre de Muce		
the de 1. by the nsit pe emation	18. CAUSE OF DEATH LEnter only one cause per line for (6), (b), and (c).] PART 1. DEATH WAS CAUSED BY: NEXT AND DEATH DISTRIVATE DISTRIPATOR D		
fres that the physician. signed by th burial-transit burial, cremal	4 20 MMEDIATE CAUSE (a) DUE TD A S O 13		
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aw requi tending nas been as the prior to	underlying cause last. (c)		
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filled with the State Dept. of Health prior to burial, crem	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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O HOSPITAL Page 4 may O FUNERAL director, pag should be file	JUILLE JU		
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VR A15 (4)	25. EUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE WAY 2.7 1966 House Judge.		
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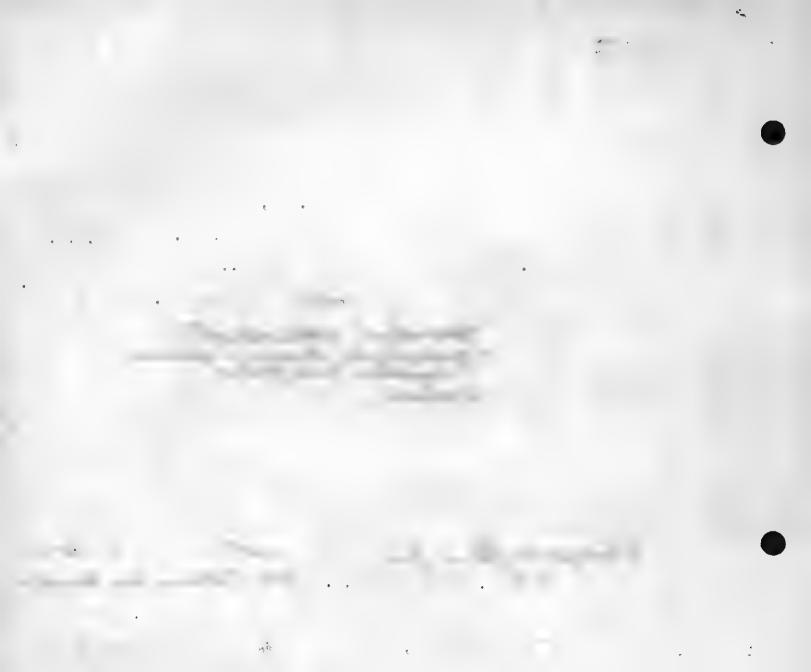
MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07019 CERTIFICATE OF DEATH 0701n The law requires that the death certificate be executed within 24 hours ofter death event, within 72 hours after death unerol 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY PATAINOS 9 MARYLAND c LENGTH OF STAY, IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town completely filled in I e. IS RESIDENCE ON A FARM? ADDRESS If not in hospital, give street address) 3. NAME OF Middle DECEASED TROPER DEATH (Type or print) S. SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years 65 birthday) January 4, 1901 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, oxforeign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY Foundry during most of working life, even fretired)
Retired Machinist **COUNTRY** physician 13. FATHER S NAME 14. MOTHER'S MAJDEN NAME Anna Dehler Henry Schnitker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) (Same) Mrs. Mary A. Schnitker INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been State Dept. of Health prior to WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES TO NO T þ 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Nat While **DIRECTOR:** After _19 Lo, and that death accurred at O o M. fram o 19 65 that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased from. director, page 3 should should be filed with the a M. fram couses and on the date stated above saw the deceased slive an hour 220 SIGNATURE 22b. DATE SIGNED 5/24/66. DIRECTOR 22c. PHYSIC AN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (Stote) Moreland Memorial Cemetery Baltimore, Md. 5/28/66. 2Sb. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 2So REC D BY REGISTRAR VR A15 (4) 20 M 1/66



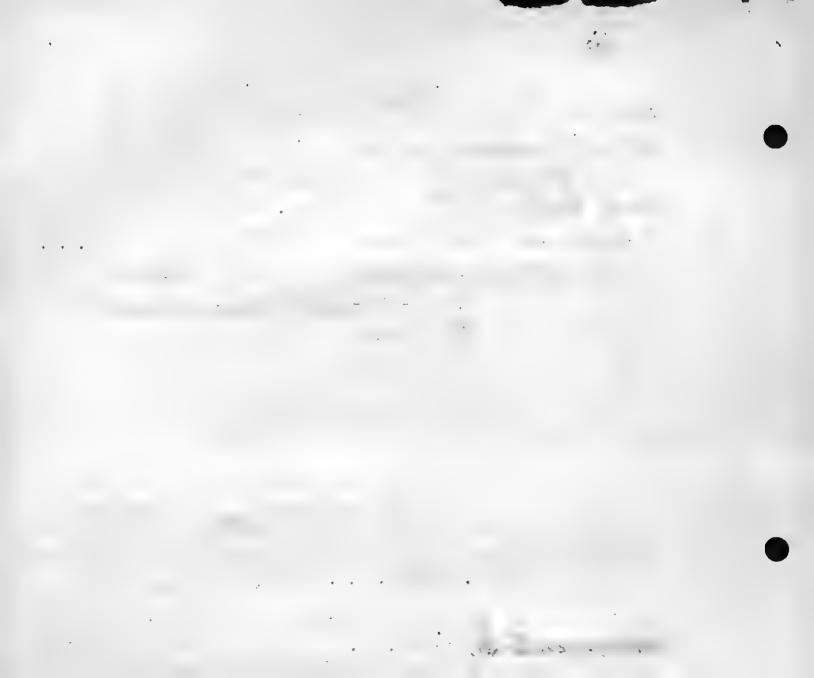
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 after-death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY after TARFORD MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve Earbon papers. Pagevent, within 72 hours 24 hours OPPA filled in e GR C Aces d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO D YES within etely : 3. NAME OF First Middle DATE Month Day Year Last DECEASED DEATH (Type or print). 19 has been signed by the attending physician and learn as the burial-transit permit. Then please remove to prior to burial, cremation, or removal, and in any event executed AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 9. 6. COLOR OR RACE NEVER MARRIED X Hours Days 8 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? certificate be none none 13. FATHER'S NAME MOTHER'S MAIDEN NAME Thomas W. Sextor Iucille Parks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Md. death (Yes, no, or unkown) | (If yes give war or dates of service) Thomas W. Sexton. none Jonna INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (6) DUE TO Conditions, if env. which (b) gave rise to immediate DUE TO cause (a), stating underlying ceuse last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO V YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING at work at work p.m. .29, 19 66, that (I) (we) last 196 21. I certify that (I) (this hospital) attended the deceased from M > 1 and that death occurred at 0 10 _M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) F. J. Hatem. M.D. S. Union Ave. Havre de Grace. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23€. REMOVAL (Specify) BelAir Memorial Gardens Bellir Harford Md Euria REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. 1966 Howard K. McComas & Son. Abingdon, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. PEACE OF DEATH de de 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY papers. Pages 1 in 72 hours after MARYLANO b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ξ e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS filled ON A FARM? physician and completely fill in please, remove carbon papers, and it any event, within YES NO I PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. NAME OF OATE Month Day First Middle DECEASED (Type or print) 5 DEATH 19 AGE (In years) SEX 6. COLOR OR RACE 8. OATE OF BIRTH 9. **JEUNDER 1 YEAR JEUNDER 24 HRS** 7. MARRIED NÉVER MARRIED Months Days Hours 1889 30 Jan. WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Churchville. Md. U.S.A Housewife Home removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora L. Greenland Andrew P. Bodt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Walter Address Md. the affend it permit. oľ (Yes, no, or unkown) [(If yes give war or dates of service) s been signed by the atters the burial-transit permit of the burial transit permit or to burlal, cremation, or Grace Sherman Jr. Havre de No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD (a), stating the 10 underlying cause last O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Z YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While - Not While ATTENDING be retained by at work at work 196 19 66. that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 62M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENOING PHYS. DIRECTOR Page 4 may M.D. PHYS PHYSIC AN'S 22d. ADDRESS 22c. NAME (Type goleit, M.D BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial Aberdeen, Smith Chapel Cemetery Maryland 66 May REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. Tarring 中智語eral Home VR A15 (4) Maryland Aberdeen. 15M 4-64



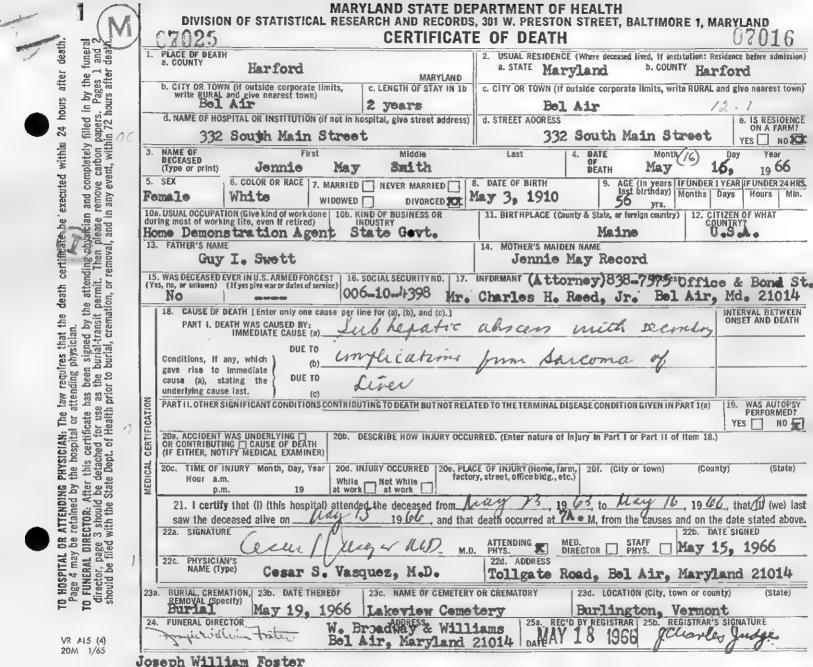
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Sinoui X	Write RURAL and give nearest town) HOVE-UE - GACE 5 (495) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1. 8.	IS RESIDEN
E () [HARFIRD MEMORIAL HOSPITUL 569- FOUNDAIN ST. VE	ON A FARM
	3. NAME OF DECEASED WILLIAM & Middle SIMMUMS DAY DEATH DAY	Year 19 6. 4
	MULE WIDOWED DIVORCED O DOC. 1091 74 yrs.	Hours Mi
i d	Merchant, Red General Store 7. Country? U.S.	
d d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Ellen Hanks —XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
1.0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes pive war or dates of service) 218-09-2002 A FOR STANDARD STANDAR	1 16
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	VAL BETWEET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the underlying cause last. (c)	
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MEOICAL	2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. While Not While at work at work At work	(State)
	21. I certify that (I) (this hospital) attended the deceased from $4 - 36 \cdot 66$, 19 , to $5 - 4$, 19 66 that saw the deceased alive on $4 - 1966$, and that death occurred at 437 M, from the causes and on the date of the saw that death occurred at 437 M.	stated above
MEDICAL CERTIFICATION	22c. PHYSICIAN'S 4	1966_
	NAME (Type) William K. Brendle, M.D. Havre de Grace, Maryland	
0	Burial Cremation, 23b. Date thereof 23c. Name of cemetery or crematory Burial 7 May 1966 Mt Zion Cometery Bel Air, Marylar	
2	Chelow war and Aberdeen, Md. Date MAY 9 1366 REGISTRARY SIGNATE OF ABERT AND	URE IN
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
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PHY the detail detail	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.)	inty) (State)
d by Afferd by Staff	ME	p.m. 19 at work	(that (I) tous last
TENI taine 108: houle h the		21. I certify that (I) (this hospital) attended the deceased from 1794 23, 1965, to 1794 23, 1965 as with deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, 1966, and that death occurred at 3, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes and on the deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, from the causes are deceased alive on 1794 23, M, fro	that (I) (we) last he date stated above.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 mours after death.	23:	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town or col	unty) (State)
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12 TE 7 22	07024 CERTIFICATE OF DEATH 07015
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4 × × ×	18. CAUSE OF DEATH Enter only one cause partine for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Confidence of the confidence
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PÉRFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) BY CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ING PH I by th After t be de State	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
OR ATTENDING be retained by IIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (i) (this hospital) attended the deceased from 4 - 2 7 , 19 4 to 5 , 19 4 that (i) (we) last saw the deceased alive on 19 4 and that death occurred at 2 M, from the causes and on the date stated above.
IR AT Se ret Se 3 si di With d	22a. SIGNATURE 22b. DATE SIGNED
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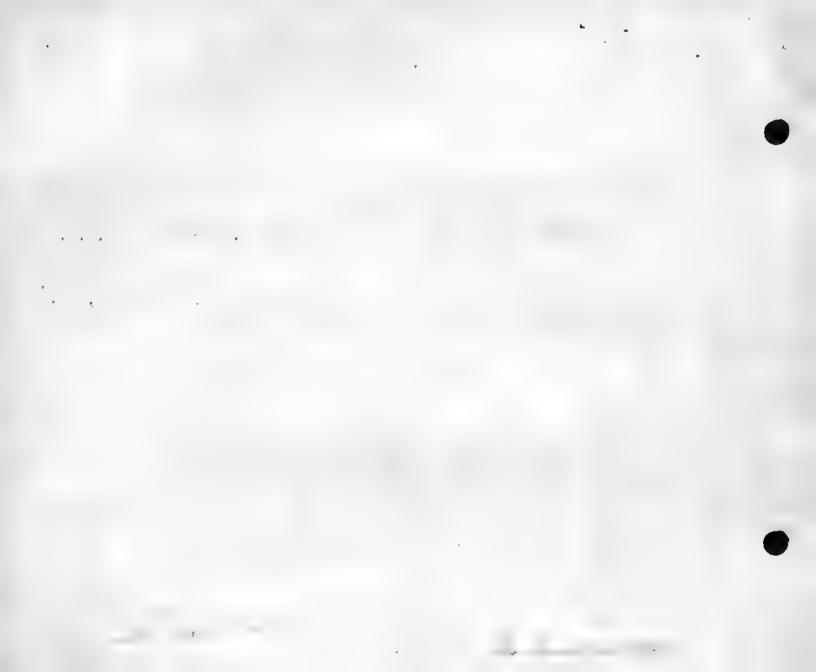


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4	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
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¢	d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give sireal address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
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4	Hour a.m. 19 While Not While factory, street, office blogs, etc.)	, 19 6 that (I) (we) las
	4 16 -1-4	on the date stated above.
	22e SIGNATURE	22b, DATE
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	** SIGNED
	22c. PHYSICIAN'S 22d ADDRESS NAME (Type)	
	A. L. LEWIS MY HAND NO THYLO	ML
36	BURIAL, CREMATION, 23b. DATE THEREOF 226, NAME OF CEMETERY OR CREMATORY 123d. LOCATION (CITY, town of	or county) (Stata)
	Burel May 15 146 Mountain Christian topa	ma
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	RAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY after ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Have de Crace Abordoon filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 36 Osborn PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. physiciam and completely p please remove carbon p val, and in any event, within Month Day NAME OF Middle DATE DECEASED OF DEATH Stevens 1966 112260th (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9, 7. MARRIED NEVER MARRIED Feb. 5.1009 WIDOWED OLVORCEO [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Housewife Home 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Baltimore. Maryland .S.A. Home or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Now York Ave. 2916 ECTOR: After this certificate has been signed by the atten 3 should be detached for use as the burial-transit permit. With the State Dept. of Health prior to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) Pearl Hutchinson, Baltimore. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per_line for (a), (b), and (c), ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO X 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc., Hour a.m. While Not While Page 4 may be retained by t FUNERAL DIRECTOR: After at work L at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. director, page should be filed ATTENDING M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S GRIGOLEIT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) DATE THEREOF 23d. BURIAL, CREMATION., 23b. REMOVAL (Specify) Maryland 66 Spesutia Cemetery 18 May Perryman, **.a.**] TarringDOFTeneral Home 25 MAR 20 18 1966 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Aberdeen. Maryland DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finstitution Residence o. COUNTY 2, and 3 ta PM3, Page o STATE 6 COUNTY Harford Maryland Harford . 50 t death. MARYLAND delay b CITY OR TOWN (If outside corporate imits, write RURAL and give negres) town)

Havre de Grace C LENGTH OF STAY IN 16 c City OR TOWN (If outside carparate limits, write RURAL and give nearest town) DOA Aberdeen state L. haurs a. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESLOENCE ON A FARM? along with farm Route #3 Harford Memorial Hospital NO D hours after death 3 NAME OF Middle 4 OATE Last Month Doy DECEASED OF 66 JOHN STOUT (Type or print May **OEATH** S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Doys Hours White Male WIDOWED **OIVORCED** Office and 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Studen t INDUSTRY COUNTRY? Maryland pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John T. Stout Sr. Gladys Nelson pub 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (if yes give war or dates of service) removal, Father. Same as 2 c & d 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH ö IMMEDIATE CAUSE (o) This certificate shauld word crematian, OHE TO Conditions, if ony, which gove forwarded to rise to Immediate couse (a). **OUE TO** storing the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO T YES please execute the certificate. pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) agent, priar PRIMARY Sor CONTRIBUTING 4 shauld CAUSE OF DEATH 20c TIME OF INJURY Month, Ogy, Year 20d INJURY OCCURRED 20e PLACE OF MULRY (Home form. (City or town) (County) (Store) Not While foctory, street, office blda., etc.) ot work designated 21 I certify that I took charge of the remains described above, held an Autopsy Inspection IX. ξ may be retained far FUNERAL DIRECTOR: ond in my opinion the funeral director. death resulted from Undetermined manner Notural causes Acc dent | X Suicide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** Health . NAME (Type) Address (Street, city, town, or county) Bel Md. Gerald C. Palmer. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b OATE THEREOF 0 Removal Sea Memorial Cemetery St Petersburg, May 250 REC D BY REGISTRAR Tarring Fufferal Home VR A15ME (5) 1966 Aberdeen. Md. 6M 1/66



		11	5716765 TT MARYLAND STATE DEPARTMENT OF HEALTH
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TRETERING PHYS IAL The law requires that the death curtificatum be retained by the hospital ar attending physician.	d be detached for use as the b State Dept. of Health prior to b	MED	Hour e.m. While Not While p.m. 19 at work at work
red at	age 3 should liled with the S		21. I certify that (I) (this hospital) attended the deceased from
E in E	Shot th		saw the deceased alive on, and that death occurred at 22M, from the causes and on the date stated above.
R F F F F F F F F F F F F F F F F F F F	£ 3	Ш	22a. SIGNATURE / / / 22b. DATE SIGNED /
	page filed	П	M.D. ATTENDING DIRECTOR DIRECTOR DIVERS 15/4/68
SHITAL 4 may ERAL D	be i		22c. PHYSICIAN'S NAME (Type)
O HESFITAL Page 4 may O FUNERAL	director, p		11. SADINSTY SI 4 Letter 81. July as July 14
TO HES Page	dire	23a	REMOVAL (Specify)
			surial May 6, 1966 BEI Hir Memorial Condens 1 SEI Hir HArbort Co Maryland 21014
	0	24.	Williams Williams & Williams
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MALTIMORE, MD. 21301



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE after hours after by the Pages 1 Harford Harford MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pagevent, within 72 hours Ed ;ewood 2 years Edgewood .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET AODRESS ON A FARM? 610 Aspen Lane. Edgewood Meadowsyss ND 7 none completely i The law requires that the death certificate be executed within 3. NAME OF First Middle DATE DECEASED DEATH 1966 (Type or print) Robert Lewis Swann Mav 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours White Nov.12, 1927 WIDOWED DIVORCED [TT 1Da, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ermit. Then please COUNTRY? Russell Co., Virginia USA aircraft Manufacturing engineer 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Pearl Coffee Robert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. certificate has been signed by the attenhed for use as the burial-transit permit.

t. of Health prior to burial, cremation, or it. (Yes, no, or unkown) | (If yes give war or dates of service) Yes 231-24-7532 Mrs. June P. Swann, 610 Aspen Jane, Edgewood INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. TO HOSPILM.

Page 4 may be retained by Page 4 may be retained to this certificate madirector, page 3 should be detached for use as director, page 3 should be detached for use as the filed with the State Dept. of Health print CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TH YES F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Df. (City or town) (State) 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 5/25 1966, that (I) (we) last 19/26 to 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1 A. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. Edgewood, Maryland 22c. PHYSICIAN'S NAME (Type) E. Louis Kahan. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Hamlett-Dobson F.H. Kingsport, Sullivan Co., May Removal
24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Howard K. McComas & Son. Abingdon, Md. 21009 1966 VR A15 (4) 15M 4-64



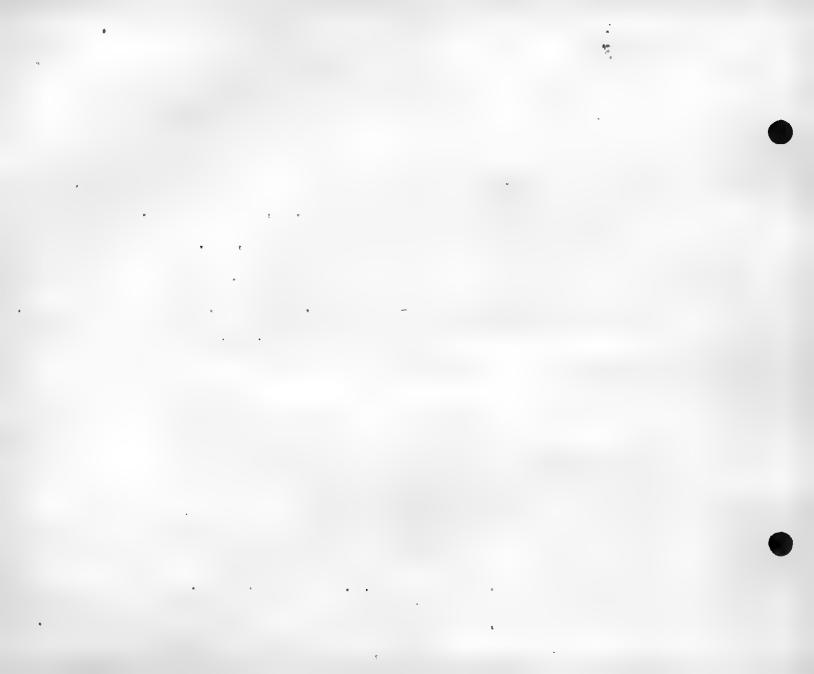
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
e = 70		CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages 1 and 2 nn 72 hours after death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY / COUNTY /
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s aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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24 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 10. IS RESIDENCE ON A FARM? VEST NOTE VEST NOTE OF THE PROPERTY OF THE PRO
tely on p	3.	NAME OF A First Middle Last 14 DATE Month Day Year
wit ipled carb nrt, v		DECEASED (Type or print) DRMA F. Westerkam DEATH MAY 10 1966
com com eve	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS.
any any		Temple M WIDOWED DIVORCED 3-23-1908 58 yrs.
d in	dui	. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate hysic plea plea	13	HOMEMAKER HOME WARYLAND U.S.A FATHER'S NAME
tifica ng pl	10	CHRISTOPHER J. GOLDBECK BERTHA BURTON
cer mdir	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
The law requires that the death certificate be executed within 24 hours after death, or attending physician. Lat has been signed by the attending physician and completely filled in by the funeral r use as the burial-transit permit. Then please Temove carbon papers. Pages 1 and 2 sailth prior to burial, cremation, or removal, and in any event, within 72 hours after death.	(1)	s, no, or unknown) (If yes give war or dates of service) Mrs Bertha Rulling - 604 Burroad ave,
the d		18. CAUSE OF DEATH (Enter only one pause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
at the lan. Id by transtrans		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUMN TO DEATH
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puire graph sen sen sen se bu		gave rise to Immediate () Committee () Committee ()
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law atte har	LION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The Traction of the sealth	FICA	YES NO P
Page 4 may be retained by the hospital or attending physician. Define 4 may be retained by the hospital or attending physician. Define 5 may be retained by the hospital or attending physician. Define 4 may be retained by the hospital or use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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y the	MEDICAL	Hour a.m. While - Not while - factory, street, office bidg., etc.)
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OF ITTENE De retained HIRECTOR: Af ge 3 should		saw the deceased alive on 19 and that death occurred at 7 M, from the causes and on the date stated above.
DE DE CE SE	1	223. SIGNATURE 1 / / / / / / / / / / / / / / / / / /
L Di page filec	/	M.D. PHYS IN DIRECTOR PHYS. I C) / / Les
Page 4 may Funeral I		TONALD W MINTZER 320 ADDRESS TERREPUTE BALTO 14
age FUN FUN	238	BURIAL CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)
5. 5. 2. 2		BURIAL 5-14-66 OAK LAWN CEM. BALTO. MD.
Con .	24	FUNERAL DIRECTOR 258. REC'D BY REGISTRAR 260. REPSTRAR 260
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours nours .5 DOA -Aberdeen_Proving Ground Aberdeen Proving Ground
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? ve carbon papers, event, within 72 h filled YES NO V C Fairfield Kirk Army Hospital completely 1 3. NAME OF Month Year First Middle Last DATE Day DECEASED OF DEATH (Type or print) Michael Wilcut 66 Gunnar May executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. emove any eve 8. 7. MARRIED NEVER MARRIED K last birthday) Months Days WIDOWED **DIVORCED** March 18 1966 1 29 1 12. CITIZEN OF WHAT Male White .= 10a. USUAL OCCUPATION (Give kind of work done). 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) COUNTRY? INDUSTRY N/A Harford, Maryland US certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME rem Donald Wilcut Berit Siuls 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 108: After this certificate has been signed by the attentional be detached for use as the burial-transit permit. In the State Dept. of Health prior to burial, cremation, or a death (Yes, no, or unknwn) | (If yes give war or dates of service) Hospital Birth Certificate INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a' DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES TY NO 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF JULIURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While . be retained by at work at work 19 66 to 19 66, that (I) 005K last May May DIRECTOR: saw the deceased alive on DOA 17 May 19 66 and that death occurred at 10:45 from the causes and on the date stated above. TO FUNERAL DIRECTOR director, page 3 shou should be filed with the 22b, DATE SIGNED SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. 17 May 1966 DIRECTOR M.D. 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) KAH, APG, Md. WIGHT LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Aberdeen Proving May 66 Post Cemeterv REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 25e. Home VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours after deoth. and completely filled in by the funeral remove corban papers. Pages I and in ony event, within 72 hours after degyf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE**b.** COUNTY Harford Maryland MARYLAND Harford c CITY OR TOWN (If guiside corparate limits, write RURAL and give negrest tawn) b CITY OR TOWN (If autside carporate imits. r LENGTH OF STAY IN 1h write RURAL and give nearest town)
aral - Whiteford Rural- Whiteford Rural vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Line Road Line Road YES X NO 3. NAME OF First Middle 4 DATE Month Year DECEASED (Type or print) JOHN GRADEN WOLF 29 66 Mav 19 DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (n years 7 MARRIED NEVER MARRIED Months Dovs Hours Male White Sept. 12, 1902 WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Dairy Hampton. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Labon Wolf Ettie M. Snyder signed by the ottending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service) Mrs. Lizzie M. Wolf. Whiteford.Md. 166-12-5963 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been be detoched far use as the State Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? MO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office blda., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram_ 1966, to Men 29, 1966, that (1) (we) last xun plnous saw the deceased alive an_ Man 29 19 66, and that death accurred at 30 pM, from souses and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed w □ May 30.1966 M.D. 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) Delta, Penna. Josiah A. Hunt 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) BENOVAL (SPORTY) Pa. Slate Ridge Delta 1966 June 1 York 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATEUN 1966 Muncles Delta, Penna,



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	07034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07025
HEALTH DEPT	1. PLACE OF DEATH a COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY b. COUNTY
cessary, the funeral s 5 may be Department after death.	b. CITY OF TOWN (If outside corporate limits, Write RURAL and give nearest town) write-RURAL and give nearest town)
the further further further differ d	Have de Siace mallone Have de Suare
Page State De hours affi	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital/give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM? 715 A Union (ave 712) - Union (ave 712) - Union (ave 712) YES NOS
172 The 72	3. NAME OF DECEASED (Type or print) Catherine Backey Woodbury DEATH 5/26/66 19
th. If form form withi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. lest birthday) Months Oays Hours Min. Tennale Wildle Wildle Wildle Wildle Divorced 7/26/1906 5 yrs.
Give Pag Give Pag With 1 and y event	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if settred) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
ours after along a	13. FATHER'S NAME H. Backey 14. MOTHER'S MAIDEN NAME
n 24 ho l in Item s Office t. File (a), and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkdown) (If yes give war or dates of service) (Links of the war or dates of service)
within pencil in miner's permit.	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
Exam Exam or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) A leng selection C Disease AND DEATH
ild be executed "pending" in if Medical Exan burlal-transit cremation, or	Conditions, If eny, which \
Medi Medi	gove rise to immediate (
hould ord hief s a l	underlying cause last. (c)
EXAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Good be forwarded to the Chief Medical Examiner's Office along les. R. Page 3 should be used as a burial-transit permit. File page ignated agent, prior to burial, cremation, or removal, and in any	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
ER. This certificate, writing forwarded to 3 should be agent, prior	20a. EXTERNAL CAUSE WAS PRIMARY OF COURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
ER: Thi cate, v forwa 3 sho a sent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.) Nour a.m. p.m. 19 Not While at work at work at work
umin ertifi id be Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion
EXAMINE the certification of t	death resulted from: Natural causes A Accident , Suicide , Homicide , Undetermined manner
its its	ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
5 8 4 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	EXAMINER'S Ser-tal (Times - 71) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 5 - 30 - 66
TO DEPUTY please ex director. retained for Funera of Health	23a. BURIAL FREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)
W	24 FUNERAL DIRECTOR ADDRESS 1 252, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 1	Jennight on Hande Than Mo will 1 1966 fairles jung

